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BOARD OF SUPERVISORS

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June 11, 2013

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

## ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

29 June 11, 2013

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

**APPROVAL TO AMEND COUNTY CONTRACT NUMBER PH-002160 WITH THE ANTELOPE VALLEY PARTNERS FOR HEALTH AND CONTRACT NUMBER PH-002170 WITH THE LOS ANGELES UNIFIED SCHOOL DISTRICT TO EXTEND THE TERM AND REVISE THE SCOPE OF WORK EFFECTIVE JULY 1, 2013 THROUGH JUNE 30, 2014 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

### SUBJECT

Request approval to execute contract amendments with the Antelope Valley Partners for Health and the Los Angeles Unified School District to continue the provision of Maternal, Infant, and Early Childhood Home Visiting Program services.

### **IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and instruct the Director of the Department of Public Health (DPH), or his designee, to execute an amendment substantially similar to Exhibit I, to County Contract Number PH-002160 with the Antelope Valley Partners for Health (AVPH) to extend the contract term for 12 months effective July 1, 2013 through June 30, 2014 and include a revised Healthy Families America (HFA) model scope of work (SOW), at a maximum obligation of \$795,694; 100 percent offset by federal Title V funds from the California Department of Public Health (State) to support the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.
2. Approve and instruct the Director of DPH, or his designee, to execute an amendment substantially similar to Exhibit II, to County Contract Number PH-002170 with the Los Angeles Unified School District (LAUSD) to extend the contract term for 12 months effective July 1, 2013 through June 30, 2014 and include a revised Nurse Family Partnership (NFP) model SOW, at a maximum obligation of \$1,039,133; 100 percent offset by federal Title V funds from the State to

support the MIECHV Program.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The AVPH and LAUSD currently provide MIECHV services to designated at-risk communities utilizing State evidence-based home visiting models to improve health and development outcomes for pregnant women, parents and caregivers, and children. AVPH provides services in Service Planning Area (SPA) 1 using the HFA model and LAUSD provides these services in schools using the NFP model.

Approval of Recommendations 1 and 2 will allow DPH to execute amendments to the contracts with AVPH and LAUSD to extend the contract terms and incorporate the State revised HFA and NFP models into the SOWs. These revised models reorganize certain tasks and implementation activities as SOW objectives to provide a clearer description of the objectives. DPH does not have delegated authority to modify the SOWs.

### **Implementation of Strategic Plan Goals**

The recommended actions support Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The total cost for the recommended amendments for fiscal year (FY) 2013-14 is \$1,834,827 (\$795,694 for AVPH and \$1,039,133 for LAUSD).

Funding has been included in DPH's FY 2013-14 Recommended Budget and will be requested in future FYs, as necessary.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

In 2011, the State applied for a Health Resources and Services Administration (HRSA) administered grant for the MIECHV Program. Under this grant, HRSA required that the State identify at-risk communities in need of home visitation services and to provide services using a home visiting evidence-based model from a list of seven approved models. The State conducted a competitive process to select at-risk communities within local counties that could implement the HFA and NFP programs. DPH was awarded funding to build upon existing programs in at-risk communities that were already implementing the HFA and NFP models. The State identified SPAs 1, 2, 3, and 7 as well as the LAUSD as at-risk communities and selected the HFA and NFP models for the provision of services in SPA 1 and the LAUSD, respectively. The DPH Maternal Child and Adolescent Health Program Public Health Nursing staff provides MIECHV services in SPAs 2, 3, and 7.

In 2013, the State mandated revisions to the HFA and NFP model SOWs that will be implemented in FY 2013-14.

County Counsel has approved Exhibit I and Exhibit II as to use.

### **CONTRACTING PROCESS**

The Honorable Board of Supervisors

6/11/2013

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On April 10, 2012, your Board approved sole source contracts with the AVPH and LAUSD for the provision of MIECHV services effective upon the date of execution through June 30, 2013, and delegated authority to DPH to execute contract amendments to extend the term through June 30, 2017. On June 26, 2012, DPH executed the sole source contracts with the AVPH and LAUSD.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended actions will allow for the continuation of MIECHV services.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jonathan E. Fielding". The signature is written in a cursive, flowing style.

JONATHAN E. FIELDING, M.D., M.P.H.

Director and Health Officer

JEF:yl  
#02589

Enclosures

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

**MATERNAL, INFANT AND EARLY CHILDHOOD  
HOME VISITING PROGRAM SERVICES AGREEMENT**

Amendment Number 1

THIS AMENDMENT is made and entered into this \_\_\_\_\_ day  
of \_\_\_\_\_, 2013,

by and between COUNTY OF LOS ANGELES (hereafter  
"County"),

and ANTELOPE VALLEY PARTNERS FOR  
HEALTH (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "MATERNAL,  
INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM SERVICES  
AGREEMENT", dated June 26, 2012, and further identified as Contract No.  
PH-002160 and any Amendments thereto (all hereafter "Contract"); and

WHEREAS, it is the intent of the parties hereto to amend Agreement to extend  
the term effective July 1, 2013 through June 30, 2014 and increase the maximum  
obligation of County and make hereafter other designated changes; and

WHEREAS, said Agreement provides that changes may be made in the form of  
a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective on July 1, 2013.

2. Paragraph 1, TERM, subparagraph one, shall be replaced in its entirety with the following:

“The term of this Agreement shall be effective June 26, 2012 and shall continue, in full force and effect unless sooner canceled or terminated as provided herein through June 30, 2014.

In any event, this Agreement may be canceled or terminated at any time by either party, with or without cause, upon the giving of at least thirty (30) calendar days advance written notice to the other party. Further, County may also suspend the performance of services hereunder, in whole or in part, and with or without cause, upon the giving of at least a thirty (30) calendar days advance written notice to Contractor. County’s notice shall set forth the extent of the suspension and the requirement for full restoration of the performance obligations.

Notwithstanding any other provision of this Agreement, the failure of Contractor or its officers, employees, agents, or subcontractors, to comply with any of the terms of this Agreement or any written directions by or on behalf of County issued pursuant hereto shall constitute a material breach hereto, and this Agreement may be terminated by County immediately. County’s failure to exercise this right of termination shall not constitute a waiver of such right, which may be exercised at any subsequent time.”

3. Paragraph 2, DESCRIPTION OF SERVICES, subparagraph A., shall be revised to read as follows:

"A. Contractor shall provide the services described in Exhibit A (06/26/12 –

06/30/12), Exhibit A-1 (07/01/12 – 06/30/13), and Exhibit A-2 (07/01/13 – 06/30/14), (Scopes of Work), and Exhibit B (06/26/12 – 06/30/13) and Exhibit C (07/01/13 – 06/30/14), (Program Operational Requirements), attached hereto and incorporated herein by reference."

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, subparagraphs C and D, shall be added to Agreement as follows:

"C. Effective July 1, 2013 through June 30, 2014, the maximum obligation of County for services provided under this Agreement for all services provided hereunder shall not exceed Seven Hundred Ninety-Five Thousand, Six Hundred Ninety-Four Dollars (\$795,694) as set forth in Schedule 3, attached hereto and incorporated herein by reference.

D. Effective June 26, 2012 through June 30, 2014, the total contract maximum obligation is One Million, Nine Hundred Eighty-One Thousand, Seven Hundred Thirty-Eight Dollars (\$1,981,738) as set forth in Schedule (s) attached hereto and incorporated herein by reference."

5. Effective July 1, 2013, Exhibit A-2 and Exhibit C shall be attached hereto and incorporated herein by reference.

6. Effective July 1, 2013, Schedule 3 shall be attached hereto and incorporated herein by reference.

7. Except for the changes set forth hereinabove, Contract shall not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Director of Public Health, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

By \_\_\_\_\_  
JONATHAN E. FIELDING, M.D., MPH  
Director and Health Officer

ANTELOPE VALLEY PARTNERS  
FOR HEALTH  
\_\_\_\_\_  
Contractor

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Michelle Keifer  
Printed Name

Title \_\_\_\_\_  
Executive Director  
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM  
BY THE OFFICE OF THE COUNTY COUNSEL  
JOHN F. KRATTLI  
County Counsel

APPROVED AS TO CONTRACT  
ADMINISTRATION:

Department of Public Health

By \_\_\_\_\_  
Patricia Gibson, Chief  
Contracts and Grants Division

#02589 yl

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures		
			Process Measures	Outcome Measures	
Administrative Plan					
<p>1.1 By July 31, 2013, Contractor will finalize an Administrative Plan and submit to Los Angeles County (LAC) Maternal, Child, and Adolescent Health Programs (MCAH) prior to CHVP HFA implementation.</p> <p><i>Healthy Families America is an evidence-based home visiting model selected by the California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) Division to address the diverse needs of children and families in communities at-risk.</i></p> <p><i>California Home Visiting Program (CHVP) Local Health Jurisdiction (LHJ) sites will be referred to as "CHVP Sites" in Los Angeles County.</i></p>	<p>1.1.1 The Administrative Plan must summarize all administrative activities associated with CHVP implementation as follows:</p> <ul style="list-style-type: none"> <li>Status of all activities accomplished and required before program implementation (e.g., completion of recruiting, hiring, orienting and training staff, as well as for obtaining equipment and necessary training including training materials).</li> <li>Determine target dates for planned activities.</li> <li>Names and contact information for the responsible staff that will be completing each activity.</li> <li>Names, employee #s and hire dates for all staff at the HFA CHVP site.</li> </ul>	<p>By 07/31/13</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) Indicates reports that are generated from data entered into the CHVP database</p>	<p>1.1.1 Activities are planned and prioritized to be performed to meet objectives.</p> <p>1.1.2. Identify key personnel to implement the CHVP program with fidelity to the HFA model and CHVP Guidelines.</p>	<p>1.1.1 Submit a complete Administrative Plan including a staffing report to LAC MCAH.</p>

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<b>Leadership</b>				
1.2 By August 31, 2013, Contractor will develop a plan for investigation into leveraging opportunities for coordination and integration of services to improve community linkages, reduce duplication of service, and foster seamless systems of services and supports for their specific target population.	1.2.1 The CHVP site Program Manager will begin the process to identify various nonprofit and private entities within their geographical service area that can provide input on all matters related to the development and implementation of the CHVP including: <ul style="list-style-type: none"> <li>Working closely with the LAC MCAH Director or other designated individual to explore partnering opportunities and resource development;</li> <li>Participating on the LA Perinatal Home Visitation Consortium;</li> <li>Identifying opportunities for area specific, community-based resource partnerships that can help meet the identified needs of those being served in the home; and</li> <li>Assisting the LAC MCAH Director or designee identify and reduce service delivery delays and gaps.</li> </ul>	By 08/31/13	1.2.1 Show evidence of planning or activities to leverage fiscal or operational processes and integration of site services with linkages into existing community resources.  1.2.2. Convene recommended activities that inform the development of a system of care improvement that will: <ul style="list-style-type: none"> <li>Identify local community leaders, home visiting staff and recipients;</li> <li>Designate supervisors and others to be interviewed by external evaluators; and</li> <li>Convene focus groups and continue participation in focus meetings during the first fiscal year.</li> </ul>	1.2.1 Submit report to LAC MCAH on CHVP-related activities and accomplishments during this reporting period.  1.2.2 Submit report to LAC MCAH on the system of care improvement activities plan.

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<b>Program and Fiscal Management</b>				
1.3 By January 14, 2014, Contractor will update, develop and/or maintain current programmatic and fiscal policies and procedures including a current up-to-date Scope of Work (SOW).	<p>1.3.1 Submit current Staffing Report (<b>Attachment A</b>) to LAC MCAH to receive Federal reimbursement and demonstrate maintenance of effort (MOE).</p> <p>1.3.2 Identify who will participate in the following LAC MCAH audit processes:</p> <ul style="list-style-type: none"> <li>• Semi-annual review of internal policies and procedures;</li> <li>• Providing evidence of fidelity to their selected site evidence-based model and CHVP added requirements; and</li> <li>• Inputting electronic data into the CHVP data system according to model specifications and CHVP requirements.</li> </ul>	<p>By 01/14/14</p> <p>By 01/14/14</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.  <b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>	<p>1.3.1 Procedure manual of current programmatic policies and procedures is available on site(s) and up-to-date.</p> <p>1.3.2 Staffing Plan submitted showing the names of individuals who will participate in the audit process.</p>

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Program &amp; Fiscal Management</b>				
1.4 By July 16, 2013, Contractor will begin the process necessary to hire staff according to identified needs.	1.4.1 Contractor will begin process needed to gain approval and begin the hiring of sufficient staff to serve 100 clients and adhere to their specific evidence-based model staffing guidelines (ratios): <ul style="list-style-type: none"> <li>• <b>HFA Model</b> <ul style="list-style-type: none"> <li>- Program Manager</li> <li>- Supervisor</li> <li>- Family Support Worker(s) to serve 100 families.</li> <li>- Family Assessment Worker</li> </ul> </li> <li>• Plan to complete staffing (including non-CHVP-funded staff) organizational chart with names of staff hired to be submitted to MCAH as required.</li> </ul>	By 07/16/13	1.4.1 All required protocols for staff hiring have been completed.	1.4.1 Submit staffing report by July 16, 2013 that will include the following: <ul style="list-style-type: none"> <li>• Staff recruitment status.</li> <li>• Percentage of effort dedicated to CHVP.</li> <li>• Completed staffing organizational chart with names of CHVP staff hired.</li> </ul>
<b>Cultural Sensitivity</b>				
1.5 By June 30, 2014, Contractor will provide culturally sensitive home visiting practices in order to reduce disparities in maternal, infant and early childhood health and behavioral outcomes.	1.5.1 All Contractor staff will participate in trainings or educational opportunities designed to enhance cultural sensitivity.	Ongoing	1.5.1 Compile a list of staff that attended cultural sensitivity trainings and provide descriptions of the trainings.	1.5.1. Submit list of staff who attended cultural sensitivity trainings and include description of trainings.

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
	<p>1.5.2 All Contractor staff should reflect the diverse cultures and languages of the families they serve.</p> <p>1.5.3 Use culturally sensitive materials and translation services when necessary.</p> <p>Possible Resources:  <a href="http://rootsofhealthinequity.org/">http://rootsofhealthinequity.org/</a>  <a href="http://www.unaturalcauses.org/">http://www.unaturalcauses.org/</a>  <a href="http://calpactucb.blogspot.com/2011/10/cultural-competency-training-with-dr.html">http://calpactucb.blogspot.com/2011/10/cultural-competency-training-with-dr.html</a></p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.  <b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>	<p>1.5.2 Identify bilingual or multilingual staff.</p> <p>1.5.3 Submit a list of translation services utilized; list by language and frequency.</p> <p>1.5.4 Prepare a brief narrative description of barriers and/or concerns to providing culturally sensitive services; also note if outreach and/or services have been limited or restricted.</p>

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Training</b></p>				
<p>1.6 By June 30, 2014, Contractor will complete all required educational and ongoing training sessions as required by the HFA program and as detailed in Exhibit B: Program Operational Requirements (POR) for California Home Visiting Program.</p>	<p>1.6.1 CHVP site staff will receive or finalize plans for HFA training in the following curricula, assessment tools, and other training modules as required by the HFA program model:</p> <ul style="list-style-type: none"> <li>Partners for a Healthy Baby (include latest versions of five modules: "Before Baby Arrives", Baby First 6 mo., Baby First 7-12 mo., Baby First 13-18 mo., Baby First 19-36 mo.)</li> <li>Ages and Stages Questionnaire (ASQ)</li> <li>Kemp Family Stress Checklist</li> <li>HOME Inventory</li> <li>Women's Experience of Battering (WEB)</li> <li>Other CHVP required trainings to be announced in a program letter as applicable.</li> </ul>	Ongoing	<p>1.6.1 Submit a list of staff that has completed trainings including the dates taken and copy of successful completion of core educational requirements, as well as a training schedule for those trainings not yet given.</p>	<p>1.6.1. All CHVP staff has completed required trainings.</p>

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Enrollment</b>				
<p>1.7 By January 1, 2014, Contractor will show evidence of client recruitment and plans to enroll 100 families in the CHVP Program by 15 months from date of program implementation, and maintain caseloads at 100% for the remaining contract period, recognizing the effects of attrition when the number of enrolled clients may temporarily fall below 100. (+)</p> <p>+ <i>Indicates</i> a Health Resources and Services Administration (HRSA) required construct.</p>	<p>1.7.1 Conduct outreach activities to at risk groups, areas, and community agencies and other service providers to ensure that appropriate, eligible clients are identified and referred to CHVP Site.</p> <p>1.7.2 CHVP Site will assess and enroll eligible families for CHVP services following educational preparations of service staff, and will participate in a process to link non-qualifying referred families to other community resources.</p>	<p>By 01/01/14</p> <p>By 01/01/14</p>	<p>1.7.1 Conduct and keep records on outreach activities to diverse agencies and garner information on the community groups and other service providers contacted.</p> <p>1.7.2 Record and report the following:</p> <ul style="list-style-type: none"> <li>Number of enrolled families by month;</li> <li>Number of attempted and completed home visits;</li> <li>Number of clients that were maintained on the home visitor caseload and time duration of the home visit;</li> <li>Number and source of incoming referrals from local agencies to CHVP</li> <li>Number of newly enrolled families by month; and</li> </ul>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.                      (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>
			<p>1.7.1 Submit a report summarizing the total number of outreach efforts and agencies/individuals contacted to garner HFA referrals. (*)</p> <p>1.7.2 Report the average time to assess and enroll families following receipt of referrals. Within this report, submit information on the total number of contact attempts from referral to assessment and enrollment. (*)</p>	

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			<ul style="list-style-type: none"> <li>Number and type of outgoing referrals made to appropriate community resources for families not enrolled in CHVP by month.</li> </ul>	
<b>Home Visiting Service</b>				
1.8 By January 1, 2014, Contractor site will have implemented home visiting services under the following conditions: <ul style="list-style-type: none"> <li>LHU board approval;</li> <li>Affiliation or current accreditation received from Prevent Child Abuse America National Office;</li> <li>Availability of CHVP ETO data system and/or CHVP forms; and</li> <li>CHVP approval to begin client enrollment.</li> </ul>	1.8.1 Begin implementation of home visiting services following completion of the HFA model and CHVP training requirements.  <b>Note:</b> Appropriate staff shall document home visiting notes within 24 hours of occurrence and enter information into the CHVP ETO data system within one week of client visit.	By 01/01/14	1.8.1 Report the number and length of contacts made for recruitment by the home visitor.  1.8.2 Report the number of clients who were recruited, and the date of their enrollment if applicable.	1.8.1 Of those eligible for home visiting, prepare a report on the proportion of those who were successfully enrolled after referral.  1.8.2 Of those enrolled families or clients, report the number of scheduled visits and number of completed visits.

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<b>Fidelity and Quality Assurance</b>				
1.9 By June 30, 2014, Contractor will have a developed plan to ensure program fidelity and quality of CHVP implementation.	1.9.1 Contractor Supervisors have been scheduled or received adequate training and instruction in management of staff activities using reflective supervision based on the HFA model requirements.	07/01/13 & ongoing	1.9.1 Supervisor shall submit the Supervisor Quality Report detailing the site's actual or anticipated successes, challenges, and any technical assistance that may be needed from LAC MCAH.	1.9.1 Contractor will submit a Quality Assurance (Continuous Quality Improvement) plan to ensure data integrity and program fidelity.
	1.9.2 Contractor shall verify the accuracy and completeness of data input into the CHVP ETO system.	By 01/01/14	1.9.2 Supervisor and/or home visitor(s) will conduct periodic chart audits and report results and number reviewed (minimum 10%).	1.9.2 Data systems are identified and operational.
	1.9.3 Contractor will develop a process to work with the CHVP external evaluators and LAC MCAH to ensure that all data collected by the specific model programs for contract is accurate, valid and complete and inputted into the CHVP ETO data system.	07/01/13 & ongoing	1.9.3 Evidence of initial collaboration to develop the process and method(s) to be used for verifying the integrity of the program specific data that will be shared with the CHVP to evaluate program processes and outcomes.	
	1.9.4 Participate in HFA quality assurance activities and any CHVP-directed Continuous Quality Improvement (CQI) activities to be developed.	07/01/13 & ongoing	1.9.4 Submit a draft CQI plan based on CHVP guidelines in the Policies and Procedures Manual.	

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			Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated. <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	
1.9.5 Identify areas in need of improvement and develop a means to address deficiencies and also identify strengths and best practices and create action steps for CQI.		07/01/13 & ongoing	1.9.5 Submit CQI data report (developed by CHVP); identify activities for achieving quality improvements.	
1.9.6 Coordinate communication of quality assurance/improvement activities between the Contractor and a Community Advisory Board (CAB) or other community collaborative designated to address quality improvement needs.		07/01/13 & ongoing	1.9.6 Submit highlights of CAB or other community group discussions related to CQI and any recommendations and/or outcomes from these discussions.	
1.9.7 Contractor and the LAC MCAH Evaluation Team Member will work collaboratively with CHVP external evaluators to ensure that all data is provided as needed.		07/01/13 & ongoing	1.9.7 Contractor will report required activities as defined in the attached POR.	

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**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures		
			Process Measures	Outcome Measures	
<b>Data Collection</b>					
<p>1.10.1 By January 01, 2014 Contractor will develop a plan to collect information that will contribute to the 35 constructs that comprise the six (6) legislatively-mandated benchmark domains, and any possible additional CQI and/or evaluation measures identified in the CHVP Policies and Procedures Manual (to be released).</p> <p>1.10.2 By January 01, 2014, develop a plan to collect participant demographic, process, quality improvement, and outcome data using the required tools through self-report and observation at each of the defined time intervals.</p>	<p>1.10.1 Contractor will develop a plan to use CHVP or HFA data forms and processes as defined in the CHVP Data Collection Manual.</p> <p>1.10.2 Contractor will direct staff to collect and enter the data into the secure data management system on an ongoing basis and as required by CHVP and HFA when it becomes available.</p>	<p>By 01/01/14</p> <p>By 01/01/14 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) Indicates reports that are generated from data entered into the CHVP database</p>	<p>1.10.1 Method established to submit quarterly reports on the data related to the 35 constructs, including home visitor and supervisor demographics and CQI.</p> <p>1.10.2 Method established to submit quarterly reports on the data related to the 35 constructs, including home visitor and supervisor demographics and CQI.</p>	<p>1.10.1 Quarterly reports on data related to the 35 constructs are available.</p> <p>1.10.2 Quarterly reports on data related to the 35 constructs, including home visitor and supervisor demographics and CQI is submitted complete.</p>

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**Goal 2: Cultivate Strong Communities**

- The federally required benchmarks and constructs corresponding to Goal 2 include:
- Improvement in the coordination and referrals for other community resources and supports
    - Number of families identified for necessary services; Number of families that received a referral to available community resources; Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community; Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies; Number of completed referrals.

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Community Advisory Board</b>				
2.1 By June 30, 2014, Contractor will actively participate on the CAB, aka L A Home Visitation Consortium, initially convened by LAC MCAH to assist in informing home visiting program operations, guiding CHVP implementation, quality assurance/improvement, child & family advocacy, and public awareness regarding home visiting.	2.1.1 CAB activities include: <ul style="list-style-type: none"> <li>• Attending quarterly CAB meetings and participate in the CHVP Advisory Subcommittee;</li> <li>• Maintain records of meeting minutes and Agendas;</li> <li>• Review Quality Assurance data and site operations;</li> <li>• Assist in informing site program operations and implementation, quality assurance, child and family advocacy, and public awareness regarding home visiting, interagency coordination and information/resource sharing;</li> <li>• Assist in the development of a collaborative and coordinated referral system that can be expanded throughout site communities and LAC.</li> </ul>	07/01/13 & ongoing	2.1.1 Describe the activities and attendance frequency of site staff at CAB meetings during the reporting period to enhance CHVP implementation and operation.	2.1.1 Submit a site report to LAC MCAH regarding policy recommendations developed by CAB, if applicable.  2.1.2 Submit a site report of outcomes related to any implemented CAB policy recommendations, if applicable.  2.1.3 Submit a report of accomplishments as related to each of the CAB goals and objectives, if applicable.

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**Goal 2: Cultivate Strong Communities**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Memorandum of Understanding/Formal Agreements</b>				
<p>2.2 By June 30, 2014, Contractor will increase or enhance the number of Memorandums of Understanding (MOU), formal or informal agreements with local social service agencies in the community. (+)</p> <p><b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>2.2.1 Develop and/or maintain documented agreements (e.g., MOUs, letters of support or agreements) with community agencies and other service providers.</p> <p>2.2.2 Develop community partnerships and facilitate coordination and integration of services among LAC MCAH and other community programs/services.</p>	<p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p>	<p>2.2.1 Develop templates for MOUs, Letters of Support, etc.</p> <p>2.2.2 Method established to track referral resources and the number of referrals received by each referring entity.</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.  <b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>
			<p>2.2.1 Report the number of MOUs or other formal agreements with other local social service agencies under development or executed. Maintain documented agreements on file.</p> <p>2.2.2 Administrative Plan details the types of agreements (e.g., MOUs) planned with community agencies and other referral and service providers that are being considered.</p>	

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Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p>2.3 By June 30, 2014, Contractor will establish a clear point of contact within other local social and human service agencies that promotes and increases information sharing. (+)</p> <p>+ <b>Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>2.3.1 Develop collaborative relationships with local service agencies and hospitals in the community to effect strong referral resources and allow service integration.</p> <p>2.3.2 The Contractor will begin the identification of clear points of contact (person/s) with collaborating community agencies with which to share information on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc.</p> <p>2.3.3 Promote outreach and education about CHVP.</p> <p>2.3.4 Contractor will utilize the CAB as one of their key informal linkages and conduits into other agencies and communities where formal agreements are not useful/indicated/possible.</p>	<p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.  <b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>	<p>2.3.1 Number of agencies where the home visitor has a clear point of contact and with whom information is regularly exchanged. (*)</p> <p>2.3.2 Outreach education is conducted in accordance to CHVP guidelines and recorded in the ETO system or site outreach logs.</p>
			<p>2.3.1 Begin a list of collaborative service agencies and hospitals in the community and maintain on file.</p> <p>2.3.2 Begin list of agencies with which the home visitor has a clear point of contact and with whom information is regularly exchanged.</p> <p>2.3.3 Method established to provide outreach education about CHVP.</p> <p>2.3.4 Establish contacts and regularly attend the CAB meetings.</p>	

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Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
2.4 By January 01, 2014, Home Visitors shall assist clients in accessing services and resources in their community for each identified need. (+)  + <b>Indicates a Health Resources and Services Administration (HRSA) required construct.</b>	2.4.1 Home Visitor shall screen and identify needs following model and CHVP policies and procedures. Identify resources for potential and expected referrals for issues of concern that is based on screening tool outcomes, clinical assessment, or parental concerns.	By 01/01/14	2.4.1 Number and percent of families with identified needs that have or don't have a corresponding referral to available community resources. (+)	2.4.1 Report on the number and percent of completed referrals and services received. (*)
	2.4.2 Develop a process whereby Home Visitors can easily follow-up with the family regarding outcome of referrals.	By 01/01/14	2.4.2 Document how the client pursues and receives services and works towards self-sufficiency.	2.4.2 Community referral resource guide for area(s) served is available to all home visitors.
	2.4.3 Maintain access to, or develop an updated list of community referral resources/services including hospitals, health care providers, and community agencies. Domains shall include: <ul style="list-style-type: none"> <li>• Maternal, Infant, and Child Health;</li> <li>• Mental Health;</li> <li>• Early Childhood Development ;</li> <li>• Substance Abuse;</li> </ul>	By 01/01/14	2.4.3 Document number and type of referral resources/services available and appropriate for the clients in the program; and document any changes or updates to the list of community referral resources.	2.4.3 Community referral resource guide for area(s) served is available to all home visitors.

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Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
	<ul style="list-style-type: none"> <li>• Domestic Violence Prevention;</li> <li>• Child Maltreatment Prevention;</li> <li>• Child Welfare;</li> <li>• Education/Employment; and</li> <li>• Other Social and Health Services.</li> </ul> <p>Note: Referrals include both internal referrals (provided by the local agency) and external referrals (to services provided in the community but outside of the local agency).</p>		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated. <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	

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**Goal 3: Promote Maternal Health and Well Being**

The federally required benchmarks and constructs corresponding to Goal 3 include:

- Improved Maternal and Newborn Health
- Prenatal care, Parental use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-birth intervals; Screening for maternal depressive symptoms; Breastfeeding; Well-child visits; maternal and child health insurance status.

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Prenatal Care</b>				
3.1 By January 01, 2014, Contractor will increase the number of pregnant women who received prenatal care as a result of being enrolled in the CHVP.	3.1.1 Develop method(s) to educate women regarding early and adequate prenatal care.	By 01/01/14	3.1.1 Method established to educate about early prenatal care identified.	3.1.1 Provide data report on those who received early and adequate prenatal care. (*)
	3.1.2 Develop method(s) to refer women to prenatal provider, and use Comprehensive Perinatal Services Program (CPSP) provider when available.	By 01/01/14	3.1.2 Method established to refer to prenatal providers identified.	3.1.2 Number and percent of pregnant women who at intake were not receiving prenatal care and subsequently received care (*)
3.2 By January 01, 2014, Contractor will increase the number of women received early and adequate prenatal care. (+) (Refer to Policy and Procedures Manual (when it becomes available) for guidance on what constitutes adequate care.)	3.2.1 Develop method(s) to identify and address barriers to keeping prenatal appointments.	By 01/01/14	3.1.3 Method established to collect the number of referrals to CPSP and other prenatal providers established.	3.1.3 Referrals to CPSP and other prenatal providers are recorded and counted.
	3.2.2 Establish referral resources.	By 01/01/14	3.2.1 Report on the activities contributing to success in overcoming barriers to receiving prenatal care.  3.2.2 Report on the challenges encountered in establishing referral resources and compliance to referrals.	3.2.1 Document of challenges encountered establishing referral resources is available and updated.

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Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Maternal Health Insurance</b></p> <p>3.3 By June 30, 2014, Contractor will increase the proportion of women, who are enrolled during pregnancy, with health insurance during pregnancy and postpartum. (+)</p> <p>+ <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i></p>	<p>3.3.1 Provide information to clients about how to access health insurance programs and the benefits of health care coverage.</p> <p>3.3.2 Develop a method to make referrals and assist clients to enroll in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and other low cost/no cost health insurance programs for health care coverage.</p>	<p>07/01/13 &amp; ongoing</p>	<p>3.3.1 Number and percent of uninsured women given referrals to low cost/no cost health insurance programs for their own health care coverage.</p> <p>3.3.2 Method established to collect information on the number of referrals to low cost/no cost health insurance programs for health care coverage.</p>	<p>3.3.1 Report on the number and percent of women with health insurance during pregnancy and at 2 and 12 months postpartum. (*)</p>
<p><b>Maternal Emergency Department (ED) Visits</b></p>				
<p>3.4 By January 01, 2014, Contractor will establish a means to decrease maternal Emergency Department visits. (+)</p>	<p>3.4.1 Develop a means to educate women on appropriate use of ED and medical home for routine care.</p>	<p>By 01/01/14</p>	<p>3.4.1 Guidelines established in protocol to educate women on appropriate use of ED and medical home for routine care.</p>	<p>3.4.1 Report on the number and percent of visits per mother to an emergency facility is recorded and available at each reporting period. (*)</p>

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Maternal Alcohol, Tobacco and Illicit Drug Use</b>				
<p>3.5 By January 01, 2014, Contractor will have specified implementation plans to decrease maternal use of alcohol, tobacco, and illicit drugs during pregnancy, if enrolling during pregnancy, and postpartum. (+)</p> <p>+ <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i></p>	<p>3.5.1 Develop a process to adequately assess mother for alcohol, tobacco, and illicit drugs during pregnancy and postpartum and refer as appropriate.</p>	<p>By 01/01/14</p>	<p>3.5.1 Collect the number of women with identified use of substances including alcohol, tobacco, and illicit drug use. (*)</p>	<p>3.5.1 Data on the number and percent of pregnant and postpartum women who were referred and also completed referral for substance use, including alcohol, tobacco and illicit/prescription drugs and entered into ETO. (*)</p>
<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.</p> <p>(*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>				

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Inter-birth Interval</b>				
3.6.1 By January 01, 2014, Contractor will develop an implementation plan to decrease the proportion of women with a subsequent pregnancy within 18 months postpartum.	3.6.1 Develop a plan to assist clients in reproductive life planning: <ul style="list-style-type: none"> <li>• Discuss family planning</li> <li>• Educated on the use of different types of contraceptive</li> <li>• Refer to appropriate agencies to obtain contraceptives</li> <li>• Assist clients to understand the characteristics of healthy relationships and provide resources to assist in dealing with abuse, reproductive coercion or birth control.</li> </ul>	By 01/01/14	3.6.1. Demonstrate model plans to encourage use of birth control to decrease the proportion of women with a subsequent pregnancy within 18 months postpartum.	3.6.1 Report on the number and percent of women with confirmed subsequent pregnancy less than 18 months postpartum. (*)
3.6.2 By June 30, 2014, Contractor will increase the number of women using contraception up to 12 or more months of postpartum. (+)	3.6.2. Ensure model lesson plans include complete information and demonstration items for use in discussing contraception.	By 01/01/14	3.6.2. Procedure written and demonstration materials are available to all home visitors to utilize in teaching clients about contraception use in the home.	3.6.2 Report on the number and percent of women using contraception at 6 and 12 months postpartum. (*)

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures		
			Process Measures	Outcome Measures	
<p><b>Maternal Depression and Parental Stress</b></p>					
<p>3.7 By June 30, 2014, Contractor will increase the proportion of women screened for maternal depression and parental stress and referred for services as appropriate.</p>	<p>3.7.1 Develop a process on how to educate women on the signs and symptoms of maternal depression.</p> <p>3.7.2 Develop a process to collect information on the number of screens done for maternal depression with the Edinburgh Postnatal Depression Scale or equivalent evidence-based screen at specified intervals required by model specifications or by the CHVP (<b>See Attachment D</b>), and refer to appropriate services as warranted.</p> <p>3.7.3 Develop a mechanism to identify community partners with expertise in management of postpartum depression/perinatal mood disorders.</p>	<p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p> <p>7/01/13 &amp; ongoing</p>	<p>3.7.1 Collect information on the number and percent of women screened for maternal depression. (*)</p> <p>3.7.2 Collect information on the number and percent of women screened for maternal depression. (*)</p> <p>3.7.3 Identify potential referral resources for women with postpartum mood disorders.</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.</p> <p>(*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>	
					<p>3.7.1 Report on the number and percent of women screened for maternal depression. (*)</p>
					<p>3.7.2 Report on the number and percent of women at-risk who screened positive for postpartum depression/perinatal mood disorders, and who were referred to appropriate services and who completed the referral. (*)</p> <p>3.7.3 Referral resources for women with postpartum mood disorders are available in resource referral manual at each CHVP site.</p>

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Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
	3.7.4 Develop a process to refer women with maternal depression to identified community partner for appropriate services.	07/01/13-ongoing	Process Measures 3.7.4 Collect on the number and percent of women referred to appropriate services.	Outcome Measures 3.7.4 Report on the number and percent of referred women who completed referral.

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Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Breastfeeding</b></p> <p>3.8 By June 30, 2014, Contractor will increase the proportion of enrolled women, who initiated breastfeeding during the first year of life. (+)</p> <p><b>+Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>3.8.1 Develop a plan on how to:</p> <ul style="list-style-type: none"> <li>Educate women regarding the importance of initiating breastfeeding for at least 6 months and of continued breastfeeding through one year postpartum.</li> <li>Educate and support women on the importance of <u>exclusive</u> breastfeeding for a t least 6 months.</li> <li>Refer to breastfeeding and lactation support when appropriate (WIC Peer Counseling Program or other local resources).</li> </ul>	<p>07/01/13 &amp; ongoing</p>	<p>3.8.1 Number and percent of women receiving breastfeeding referral. (*)</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.</p> <p>(*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p> <p>3.8.1 Report on the number and percent of women breastfeeding at 6 months and at 12 months. (*)</p> <p>3.8.2 Report on the number and percent of women breastfeeding exclusive at each month of infant's age up to 6 months. (*)</p>

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Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Postpartum Visit</b></p> <p>3.9 By June 30, 2014, Contractor, if enrolling before 6 weeks postpartum, will increase proportion of women who had a postpartum visit with a medical provider.</p>	<p>3.9.1 Determine how to educate women regarding the importance of a postpartum visit with a medical provider. Facilitate obtaining and accessing services, if needed.</p>	<p>07/01/13 &amp; ongoing</p>	<p>3.9.1 Plan protocols to recommend postpartum visit compliance to schedule and plan for client training.</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.</p> <p>(*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p> <p>3.9.1 Report on the number and percent of postpartum women who attended a 4 to 6 week routine postpartum visit with a medical provider. (* )</p>

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**Goal 4: Improve Infant and Child Health and Development**

**The federally required benchmarks and constructs corresponding to Goal 4 include:**

- Improved Maternal and Newborn Health
  - Prenatal care; Prenatal use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-births intervals; Screening of maternal Depressive symptoms; Breastfeeding; Well-child visits; Maternal and child health insurance status
- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
  - Visits for children to emergency departments from causes; Visits of mothers to the emergency department from all causes; Information provided or training of participants on prevention of child injuries; Incidence if child injuries requiring medical treatment; Reported suspected maltreatment if children in the program; Reported substantiated maltreatment of children in the program; First Time victims of maltreatment of children in the program.
- Improvements in School Readiness and Achievement
  - Parent support for children's learning and development; Parent knowledge of children development and their child's developmental Progress, Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, Language and emergent literacy; Child's general cognitive skills.

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Insured Children</b></p> <p>4.1 By June 30, 2014, Contractor will develop a plan to increase the proportion of children who have health insurance continuously through two years of age. (+)</p> <p>+ <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i></p>	<p>4.1.1 Identify a method to make referrals and assist parents to enroll children in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and/or other low cost/no cost health insurance programs.</p>	<p>07/01/13 &amp; ongoing</p>	<p>4.1.1 Collect the number and percent of referrals to low cost/no cost health insurance programs for their child health care coverage.</p>	<p>4.1.1 Report on the number and percent of children who have any type of health insurance at 12, 18 and 24 months. (*)</p>

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Goal 4: Improve Infant and Child Health and Development

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Child Emergency Department (ED) Visits</b>				
4.2 By June 30, 2014, Contractor will increase parental awareness on appropriate use of Emergency Department (ED) visits. (+)  + <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i>	4.2.1 Educate parents on appropriate use of ED and help establish medical home for routine care.	Ongoing	4.2.1 Report on the number and percent of children visiting the ED for any reason. (*)	Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated (*) <b>Indicates reports that are generated from data entered into the CHVP database</b>
<b>Well-Child Visits</b>				
4.3 By June 30, 2014, Contractor will increase the proportion of children who receive all recommended well-child visits from 0-2 years. (+)	4.3.1 Educate families to understand the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.	07/01/13 & ongoing	4.3.1 Report on the number and percent of infants that received all American Academy of Pediatrics (AAP) recommended well-child visits for their age. (*)  <b>Link: AAP</b> <a href="http://brightfutures.aap.org/pdfs/aap%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf">http://brightfutures.aap.org/pdfs/aap%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf</a>	

Exhibit A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 4: Improve Infant and Child Health and Development

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Child Injuries</b>				
4.4 By June 30, 2014, Contractor will decrease the incidence of child injuries requiring medical treatment. (+)	4.4.1 Educate and support families regarding home safety measures and child injury prevention.  <b>Link to State Injury Prevention Website:</b> Safe and Active Communities Branch <a href="http://www.cdph.ca.gov/programs/sacb/Pages/default.aspx">http://www.cdph.ca.gov/programs/sacb/Pages/default.aspx</a>	Ongoing		4.4.1 Report on the number and percent of children with injuries that required medical treatment. (*)
<b>Child Abuse</b>				
4.5 By June 30, 2014, Contractor will prevent suspected and substantiated child abuse and neglect. (+)  + <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i>	4.5.1 Identify and provide resources to parents that can assist them to prevent child abuse.  4.5.2 Provide support for appropriate parenting skills and refer to parenting classes, counseling, or other support resou	Ongoing  07/01/13 & ongoing		4.5.1 Report on the number and percent of cases of suspected and reported child maltreatment <b>or</b> neglect that were referred to Child Preventive Services.  4.5.2 Report on the number and percent of families with substantiated child maltreatment cases (Substantiated refers to those children who have been legally detained or mandated to be supervised by the Dept. of Children and Family Services system.) (*)

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 4: Improve Infant and Child Health and Development**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
	4.5.3 Apply standards that can provide emotional support to the family.  4.5.4 Look for signs of child abuse and/or neglect through observation at each home visit and report all cases of suspected child abuse.	07/01/13 & ongoing  07/01/13 & ongoing	Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	
<b>Child Safety</b>				
4.6 By June 30, 2014, all home visitors will provide information to parents regarding child safety, safe home environment, and prevention of child injuries. <b>(+)</b>  <b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b>	4.6.1 Provide education and educational materials (e.g., brochures, videos) related to child safety, safe home environment and injury prevention, tailored to child's age and developmental level.  4.6.2 Train staff on the proper administration of the Home Safety Checklist  4.6.3 Check home for safety issues and help family to address them.	07/01/13 & ongoing  07/01/13 & ongoing	4.6.1 Document information provided on child injury and safe home environment.  4.6.2 Administer the Home Safety Checklist according to CHVP requirements.	4.6.1 Report on the number and percent of women provided information on child injury and safe home environment tailored to child's age. (*)  4.6.2 Report and record outcome data on the number and percent of Home Safety Checklists administered. (*)

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)**

**SCOPE OF WORK**

**CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 5: Strengthen Family Functioning**

**The federally required benchmarks and constructs corresponding to Goal 5 include**

- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
  - Visits for children to the ED from all causes; Visits of mothers to the ED from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; Reported suspected maltreatment for child in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for child in the program.
- Improvements in School Readiness and Achievement
  - Parent support for children's learning and development; Parent knowledge of child development and of their children's developmental progress; Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, language and emergent literacy; Child's general cognitive skills.
- Domestic Violence
  - Screening for domestic violence; Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services; Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.
- Family Economic Self-Sufficiency
  - Household income and benefits; Employment or Education of adult members of the household; Health insurance status.

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Strengthening Families</b>				
5.1 By June 30, 2014, Contractor will support family functioning to promote positive parental behavior and the parent-child relationship by incorporating the five Protective Factors of "Strengthening Families" Framework.	5.1.1 Integrate the Strengthening Families framework and protective factors into Contractor's internal policy manual. <ul style="list-style-type: none"> <li>• Parental Resilience</li> <li>• Social Connections</li> <li>• Knowledge of Parenting and Child Development, and</li> <li>• Social and Emotional Competence of Children</li> </ul> <p><a href="http://www.strengtheningfamilies.net">www.strengtheningfamilies.net</a></p> Utilize resources and training provided by Strategies for TA regarding Strengthening Families.	Ongoing	5.1.1 Submit a narrative of progress incorporating the five Protective Factors of "Strengthening Families Framework", including barriers.	5.1.1. Report on each of the Strengthening Families Protective Factors and where they are applied and how they are measured in the model program outcomes.

Exhibit A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 5: Strengthen Family Functioning

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>School Readiness</b>				
5.2 By June 30, 2014, Contractor will teach parents how to increase their support of their children's learning and development and have an improved relationship with their child. (+)	5.2.1 Assist families in improving the quality of the child's home environment and the extent of stimulation available to the child and model appropriate parenting skills and refer to parenting classes and other support resources.	07/01/13 & ongoing	5.2.1 Apply the HOME Inventory as required by CHVP in the model program protocols.	5.2.1 Report the number and percent of families completing the HOME Inventory by 6 months of child's age. (*)
5.3 By June 30, 2014, Contractor will identify and support children of needs related to social, emotional, cognitive and physical development using the HOME Inventory. Ages and Stages Questionnaire Version 3 (ASQ-3) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) instruments. (+)	5.3.1 Administer CHVP-required tools related school readiness/strengthening families (see <b>Attachment D</b> for data collection time): 1. HOME Inventory 2. ASQ-3 3. ASQ-SE  5.3.2 Provide anticipatory guidance and education regarding importance of developmental screening.  5.3.3 Refer families accordingly for developmental services, occupational therapy or other appropriate services.  5.3.4 Support family by following up and obtaining services where appropriate.  • Re-screen as appropriate	07/01/13 & ongoing	5.3.1 Record scores for ASQ-3 /ASQ-SE tools used to assess school readiness/strengthening families as recommended/required by CHVP and/or in the model protocols.	5.3.1 Report on the number and percent of families completing the ASQ-3 and ASQ-SE by 6 months of child's age. (*)  5.3.2 Report on the number and percent of children identified with developmental delay.  5.3.3 Report on the number and percent of families given referrals.  5.3.4 Report on the number and percent of families with completed referrals to developmental services. (*)

Exhibit A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 5: Strengthen Family Functioning

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p>5.4 By June 30, 2014, Contractor will assist parents in increasing their knowledge of child development and of their child's developmental progress. (+)</p> <p>+ <b>Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>5.3.5 Maintain a current directory of agencies who accept referrals for children identified with all levels of developmental delay.</p> <p>5.4.1 Review ASQ-3 and ASQ-SE results with parents.</p> <p><b><u>Website for additional information on screening and referral:</u></b></p> <p><b><u>Early Childhood Mental Health (ECMH)</u></b></p>	<p>Ongoing</p> <p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated (*) Indicates reports that are generated from data entered into the CHVP database</p>	<p>5.4.1 Report on the number and percent of families who reviewed ASQ-3 and ASQ-SE with the home visitor.</p>

Exhibit A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 5: Strengthen Family Functioning

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Domestic Violence (DV)</b></p> <p>5.5 By June 30, 2014, Contractor will increase support for women to have healthy and safe relationships. (+)</p> <p>+ <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i></p>	<p>5.5.1 Home Visitor will participate in trainings on DV awareness.</p> <p>5.5.2 Discuss with women healthy relationships, safety, and reproductive coercion.</p> <p>5.5.3 Home visitor will screen for relationship related issues and domestic violence using the Women's Experience with Battering (WEB) tool (<b>See Attachment D</b> for data collection times).</p> <p>5.5.4 The home visitor will refer women to DV services as needed (either based on screening tools, by clinical assessment, or mother's concern).</p> <p>5.5.5 If women screen positive on the WEB or the self-disclose DV, home visitor will assist women experiencing DV with the creation of a safety plan. Revisit/update the plan as needed. (For Safety Plan Guidelines/Template, please see CHVP website.)</p>	<p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated (*) Indicates reports that are generated from data entered into the CHVP database</p>	<p>5.5.1 All staff has completed required training.</p> <p>5.5.3 Report on the number and percent of domestic violence screens received during specified intervals required by CHVP.</p> <p>5.5.4 Report on the number and percent of women who received at least one referral to a DV service following a newly positive screen or disclosure of abuse and the number and percent that completed referral services.</p> <p>5.5.5 Report on the number and percent of women who completed a safety plan after a newly positive screen or disclosure of abuse. (*)</p>

Exhibit A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 HEALTHY FAMILIES AMERICA (HFA)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 5: Strengthen Family Functioning

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Employment, Education and Income</b>				
5.6 By June 30, 2014, Contractor will increase the proportion of women improving employment status or educational attainment. (+)  + <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i>	5.6.1 Develop the resources to be used to train and assist women to develop a plan to achieve educational and employment goals; provide support in achieving goals.	07/01/13 & ongoing	5.6.1 Number and percent of women given referrals for job training, education, employment, childcare or planning and number completing such referrals.	5.6.1 Report on the number and percent of women with increased employment status or education attainment. (*)
5.7 By June 30, 2014, Contractor will develop interventions that can help move families out of poverty and increase the proportion of women with an increase in income. (+)	5.7.1 Develop resources and the means to assist women in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.	07/01/13 & ongoing		5.7.1 Report on the number and percent of women with an increase in income.

## PROGRAM OPERATIONAL REQUIREMENTS FOR HEALTHY FAMILIES AMERICA SITES IMPLEMENTING THE CALIFORNIA HOME VISITING PROGRAM

### **PURPOSE**

The California Home Visiting Program (CHVP) Local Health Jurisdiction (LHJ) sites will be referred to as “CHVP Sites” in Los Angeles County and must meet all objectives and complete each of the required intervention activities stated in their Scope of Work (SOW) in order to remain in compliance with the contract agreement. This Program Operational Requirements document outlines additional information and specifics to assist each CHVP site in completing activities, meeting objectives defined in the SOW and implementing program activities with quality and fidelity to their specific home visiting model.

The Program Operational Requirements should be considered both part of the SOW and a precursor to the forthcoming CHVP Policies and Procedures Manual to be developed by the California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) CHVP Branch responsible for the administration of the federal grant monies for the State of California. The SOW contains federally mandated requirements that must be met and CHVP goals and objectives maintained in order to maintain future CHVP funding.

### **BACKGROUND INFORMATION**

The delivery of home visiting services addresses the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The CDPH/MCAH CHVP Branch selected two evidence-based home visiting models for implementation in California: Nurse-Family Partnership (NFP) and Healthy Families America (HFA). Selection of these models was based on findings from the Home Visiting Evidence of Effectiveness Review (“HomVee”) Study that gave NFP and HFA the most favorable ratings for primary and secondary outcomes in the benchmark areas.

All CHVP sites are responsible for administering the CHVP with fidelity to their chosen model, as well as to the requirements stated in the SOW and the CHVP Policies and Procedures Manual. Site staff is responsible for having in-depth knowledge of all CHVP program components and manuals, such as the Policies and Procedures Manual for sites, the CHVP Standards, and HFA model, as well as the federal benchmarks and constructs. This may include any future manuals determined to be needed in the CHVP.

CHVP sites within Los Angeles will be administered by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs (LAC MCAH).

### **CHVP PROGRAM REQUIREMENTS RELATED TO THE SCOPE OF WORK**

#### **1. Site Visits and Technical Assistance**

CDPH/MCAH and/or LAC MCAH will perform formal and/or informal site visits at their discretion. All CHVP-funded sites are required to participate in CHVP site visits and allow CHVP Quality Assurance (QA) Teams to access program-related records, participant records, and observe home visiting activities.

## 2. Progress Reports

CHVP-funded sites within Los Angeles shall submit Progress Reports to the LAC MCAH for review a minimum of 2 weeks prior to the CDPH/MCAH CHVP Branch due date, and adhere to all requirements as set forth by the State's CDPH/MCAH CHVP Branch as follows:

- A. Reports not sent via the CHVP computerized system must be postmarked no later than the due dates as specified in this SOW.
- B. Progress Reports are to be prepared in accordance with the information and format provided by CHVP.
- C. Faxed Progress Reports will not be accepted for State reporting.
- D. CHVP procedures for reporting information are strictly followed and outlined in each Progress Report.
- E. Failure to submit an acceptable Final Progress Report may jeopardize future funding for the site.
- F. CHVP-funded sites must submit their site data directly to the State once review is completed by LAC MCAH.
- G. The State guidelines on required reporting include the following:
  - 1) One copy of Progress Reports in original format to CHVP via certified mail, postmarked no later than 30 days after the period ending on *Due Date*.
  - 2) Progress Reports must be submitted electronically at the due dates indicated.
  - 3) A site's failure to submit Progress Reports in a timely manner may jeopardize future funding for that site.
  - 4) CDPH/MCAH CHVP Branch reserves the right to require additional components in the Progress Reports such as:
    - a) Accomplishments;
    - b) Challenges; and/or
    - c) Plan for Improvement.
- H. The following schedule below must be followed for Progress Reports:

### SEMIANNUAL PROGRESS REPORTS

REPORTING PERIOD	FROM	TO	DUE TO LAC MCAH	DUE TO CDPH/MCAH
1) First Report	Jul 1, 2013	Dec 31, 2013	Jan 14, 2014	Jan 31, 2014
2) Second Report	Jan 1, 2014	Jun 30, 2014	Jul 15, 2014	July 31, 2014

**3. Additional Reports**

- A. CHVP sites will be required to respond as necessary to all other required reports (e.g., Supervisor’s Quarterly Reports) any ad hoc and/or final reports as designated by the LAC MCAH or CDPH/MCAH.
- B. CHVP sites shall complete CHVP evaluation requirements as directed by the CDPH/MCAH CHVP Branch in accordance with prescribed form and format
- C. CHVP sites shall submit a final “Staffing Report,” **(Attachment A)** to LAC MCAH by June 30, 2013, and/or upon any change in personnel following these guidelines:
  - a) Prior approval for staffing changes that deviate from the original contract agreement should be discussed with LAC MCAH
  - b) All staffing changes that deviate from the original contract agreement must also be vetted and approved by the CDPH/MCAH CHVP Branch Statewide Nurse Consultant.
- D. The Supervisor Quarterly Reports will be completed in accordance to the following schedule:

**SUPERVISOR QUARTERLY REPORTS**

REPORTING PERIOD	FROM	TO	DUE TO LAC MCAH	DUE TO CDPH/MCAH
1) First Report	Jul 1, 2013	Sept 30, 2013	Sept 15, 2013	Oct 31, 2013
2) Second Report	Oct 1, 2013	Dec 31, 2013	Jan 14, 2014	Jan 31, 2014
4) Third Report	Jan 1, 2014	Mar 31, 2014	Apr 15, 2014	Apr 30, 2014
5) Fourth Report	Apr1, 2014	Jun 30, 2014	Jul 15, 2014	Jul 31, 2014

**4 Media Communication**

CHVP sites will coordinate and collaborate with LAC MCAH or the CDPH/MCAH CHVP Branch in any local or statewide media/communication efforts, as directed and approved by CDPH/MCAH CHVP Branch. If media is involved in communicating the program and its implementation to the public, proposed information must be shared and approved by both the LAC MCAH and CDPH/MCAH CHVP Branch first.

**5. Communication/Transmittal Process**

**A. Transmittal Process**

A CHVP communication transmittal form **(Attachment B)** must be used by all CHVP sites to send contract related documents and/or to request LAC MACH approval for items identified in the SOW and be electronically submitted to LAC MCAH.

**B. Program Letter**

Any clarification related to the Scope of Work including this Program Operational Requirement will be communicated to the CHVP sites via a Program Letter from CDPH/MCAH CHVP Branch.

### **C. Communication with the State's Nurse Consultant**

In order to establish a clear channel of communication and maintain model fidelity, CHVP-related questions must be directed to the CHVP HFA Statewide Nurse Consultant first before involving the HFA National Office or staff. The following order of communication is expected from Los Angeles sites:

- 1) CHVP site HFA Supervisors, under the direction of the LAC MCAH, may first contact the CHVP Statewide Administrative Nurse Consultant for HFA program-related questions; and
- 2) Home Visitors for the HFA model must first contact their immediate supervisors for program-related issues.

### **6. Supervisor Quarterly Reports**

- A. CHVP site Supervisor for the HFA program is required to submit quarterly reports summarizing their successes, challenges, and any technical assistance needs for that period to the CHVP Statewide Nurse Consultant.
- B. Reports may be sent via email and should also be included in the Biannual Progress Report.
- C. The schedule for Supervisor Quarterly Reports has been detailed in Section 3, D of this document.

### **7. Request for Adjustments**

Requests regarding adjustments in the due dates for deliverables must be submitted first to LAC MCAH in writing via transmittal process. LAC MCAH will send these requests to the CDPH/MCAH CHVP Branch.

### **8. Maintenance of Effort (MOE) Agreement**

- A. CHVP sites agree to abide by the MOE as defined in the Affordable Care Act Section 295 that states:

*"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."*

- B. Specific questions or proposals should be directed to the CHVP site's county counsel.
- C. Home Visiting defined by the Health Resources and Services Administration (HRSA):

*"Home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and*

*achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.” (HRSA-10-275)*

## 9. Performance and Accountability

- A. CHVP sites whose deliverables as outlined in the SOW are not met may receive technical assistance from LAC MCAH and the CDPH/MCAH as needed.
- B. LAC MCAH and CDPH/MCAH CHVP Branch both reserve the right to require a Corrective Action Plan from the CHVP site.
- C. CHVP sites must contact LAC MCAH to request assistance as soon as concerns regarding meeting deliverables are identified.

## 10. CHVP Program Requirements Relating to Implementation

- A. The following actions are necessary to initiate, implement, and sustain CHVP program sites. (\*NOTE: Additional details regarding program operation will be discussed in the CHVP Policies and Procedures Manual to be released soon.)
- B. Contract Agreements at the Local, State, and National Level
  - 1) All CHVP sites must secure a contract agreement or affiliation with their identified national model (HFA) prior to CHVP implementation.
  - 2) Before a CHVP site approaches the national models for contract agreement, the site is required to collaborate and receive approval first from LAC MCAH.
  - 3) A copy of the most recent contract agreement or approved affiliation agreement from the Prevent Child Abuse America (PCAA) National Office (NO), if any, must be received by the CHVP site through mail or electronic format, upon contract execution.
  - 4) Copies of any signed affiliation or contract agreements with the PCAA NO after this contract execution must be submitted to both LAC MCAH and the CDPH/MCAH CHVP Branch within 10 days of receipt.
  - 5) CHVP sites must regularly inform the LAC MCAH regarding the status of securing affiliation from PCAA NO.
- C. **HFA Initial Implementation Requirements**
  - 1) All CHVP sites must meet the initial certification or affiliation requirements of the national program model, Healthy Families America, and be prepared to assume the capacity to house the service and manage the hiring, supervision, and payment of all personnel and ensure general fiscal stability.
  - 2) The following actions must be considered prior to initiation of services:
    - a. The HFA CHVP Site Director is required to devote a minimum of 0.15 Full Time Equivalent (FTE) to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).
    - b. The HFA CHVP site may utilize the LAC MCAH CHVP staff for consultation as needed or contact the CDPH/MCAH CHVP Branch Statewide Nursing Consultant.

### 3) HFA Staff Recruitment

- a. CHVP will require four primary staff positions consistent with the national HFA recommendation that includes Program Managers/Supervisors, Family Assessment Workers (FAWs), and Family Support Workers (FSWs).
- b. HFA Program Manager
  - Master's degree, preferably in a health science or behavior science, such as psychology, sociology, or a related field; OR Bachelor's degree, preferably in a health science or behavior science field, such as psychology, sociology or a related field AND a minimum of five years' administrative experience in quality assurance/improvement and program development.
  - Responsibilities for the HFA Program Manager include:
    - The HFA Program Manager must dedicate no less than 0.5 FTE;
    - Reporting to the LAC MCAH Director/Designee;
    - Overseeing the HFA program operations, funding, quality assurance, evaluation and supervision of staff;
    - Developing and implementing HFP policies/procedures related to CHVP;
    - Ensuring accreditation and maintenance of HFA program standards and CHVP guidelines; and
    - Establishing and maintaining agreement and effective community partnership with other home visiting related partner agencies, medical providers and support services.
- c. **HFA Supervisor Qualifications & Responsibilities**
  - Qualifications include a Master's degree, preferably in a health science, human services, or behavior science, such as psychology, sociology, OR
  - A Bachelor's degree, preferably in a health science or behavior science, such as in psychology, sociology, or a related field, AND a minimum of three years' experience working in a public health or community related setting in the clinical field with experience in supervising health professionals and managing programs.
  - Responsibilities Include:
    - ✓ Supervising six or fewer direct services staff;
    - ✓ Spending a minimum of 1.5 to 2 hours per employee each week on formal supervision using a reflective model of supervision;
    - ✓ Shadowing the FSWs and FAWs to monitor and assess their performance and provide constructive feedback and development;
    - ✓ Serving as the liaison with the CHVP HFA Nurse Consultant;
    - ✓ Attending meetings required by the CHVP HFA Statewide Nurse Consultant and/or the LAC MCAH at designated times;
    - ✓ Using reflective supervision in face-to-face supervision with FAWs and FSWs; and

- ✓ Facilitating professional development essential to the home visitor role.

**d. Family Assessment Workers (FAWs)**

- Qualifications include a Bachelor's degree in health science or behavioral science, such as psychology, sociology, or a related field; experience working with clients in communities; experience in assessment process and scoring , recording of information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures, and the ability to establish rapport easily, outgoing, friendly and non-judgmental, confident and assertive.
- Responsibilities include:
  - ✓ Conducting family and child assessments and screening families for enrollment in the program;
  - ✓ Documenting and entering assessment data in CHVP database;
  - ✓ Referring families to appropriate resources based on assessment; and
  - ✓ Communicating pertinent assessment findings to FSW.

**e. Family Support Workers (FSWs)**

- Qualifications include a Bachelor's or Associate's degree, preferably in health science, behavior science, or general education courses in liberal arts, sciences, and the humanities, in areas such as addiction or child protection;
- OR**
- Graduation from high school with a minimum of 5 years experience providing services to infants, children and families and ability to demonstrate extensive knowledge of community resources verifiable through reference check. (**Exemptions must be pre-approved by the CHVP HFA Statewide Nurse Consultant**).
  - Experience working with clients in communities, observing patients/clients and recording information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures
  - Responsibilities include:
    - ✓ Conducting home visits with families to include the following elements
    - ✓ Facilitating the parent-child relationship
    - ✓ Observing and listening to parental concerns
    - ✓ Respecting family values and culture
    - ✓ Supporting parents in their role as advocates for themselves and their children
    - ✓ Assessing, facilitating and promoting positive child growth and development
    - ✓ Providing information and appropriate referrals to community resources

- ✓ Maintaining appropriate documentation that outlines the services provided to the family and help facilitate quality management
- ✓ Serving no more than 15 families at a time who are currently being seen weekly
- ✓ Carrying a caseload of no more than 25 families (that may need to be reduced to accommodate families with multiple needs or to accommodate communities in which there are long distances between home visits).

## 11. Other Staffing Requirements by CHVP

- A. CHVP sites must adhere to the Core Competency Requirements specified by HFA and CHVP Branch for hiring qualified staff.
- B. Applicants should demonstrate sufficient skills to meet the SOW objectives and activities.
- C. CDPH/MCAH CHVP Branch reserves the right to approve or disapprove changes in key personnel positions that occur after awards are made, and reserves the right to require the CHVP sites to reduce or eliminate any staffing position(s) in excess of the minimum required staffing pattern as identified in the model or CHVP requirements.
- D. CHVP sites shall submit their "Staffing Report," to the LAC MCAH **by June 30, 2013** for distribution to the CDPH/MCAH CHVP Branch by **July 31, 2013**, and/or upon any change in personnel. (NOTE: Prior approval from CHVP HFA Statewide Nurse Consultant is required for changes in staffing patterns that deviate from the original contract agreement.)
- E. All HFA staff must meet the Core Competency Requirements before providing services to the families, (see the Policies and Procedures Manual for CHVP sites), and any exemptions must be pre-approved by the CHVP Statewide Nurse Consultant before staff recruitment.
- F. CHVP sites will report to LAC MCAH any changes in staffing or reduction in percentage of effort (less than 100%) dedicated by staff to CHVP **within seven days of the change**, along with plans for addressing these changes.
- G. LAC MCAH will report any reduction in the percentage of effort dedicated by staff to CHVP to the CHVP Statewide Nurse Consultant directly.

## 12. Core Competency Requirements

NOTE: Additional core competency requirements for HFA positions are located in the CHVP Policies and Procedures Manual.

### A. CHVP Meetings and Training Requirements

- 1) CHVP sites are required to attend and participate in CHVP meetings, workgroups, and trainings directed by the LAC MCAH or CDPH/MCAH CHVP Branch.
- 2) CHVP sites are responsible for staff members' receiving core training on the HFA model and other CHVP required training to meet the program benchmarks. The following describes required training for HFA staff:

a. **HFA Training**

- HFA CHVP sites must comply with the mandatory HFA training requirements to ensure staff receive the training support and have the skill set necessary to fulfill their job functions and achieve the program's goals with families. (For specific orientation topics, refer to HFA 2008-2011 Self-Assessment Tool Updated 3-1-10, pp.69-74. Please contact your PCAA NO to obtain a copy of the 2008-2011 HFA Self Assessment Tool.)
  - In-person Core Training from a Certified HFA trainer in either Parent Survey (Assessment) or Integrated Strategies (Home Visitors) within six months of hire.
  - Supervisors must receive in-person training based on the track (assessment or home visiting) they supervise and administrative, clinical, and reflective practice training within six months of hire or affiliation of the site. In addition to both track-trainings, supervisors are also required to attend two days of supervision training.
  - Once affiliation is received from HFA, staff will be able to access the *Wraparound* training topics (HFA standards 10-4 A-F and 10-5 A-F) available online, and must be completed within six and 12 months of hire respectively (refer to HFA 2008 - 2011 Self-Assessment Tool Updated 3-1-10, p. 113-116).
- 3) Orientation to the CHVP is mandatory for HFA staff (e.g., assessment workers, home visitors, and supervisors) that is separate from the model's intensive role-specific training prior to directing work with families, to familiarize them with the functions of the program. (For specific orientation topics, refer to HFA 2008-2011 Self-Assessment Tool Updated 3-1-10, pp. 69-74 and contact your PCAA NO to obtain a copy of the 2008-2011 HFA Self-Assessment tool.)
- 4) Ongoing training
- a. After year one of operation, CHVP sites are required to provide to their staff ongoing training in topics which take into account the worker's knowledge, skill base, and needs of the served communities.
  - b. LAC MCAH and the CDPH/MCAH CHVP Branch will collaborate directly with each CHVP site to determine needs and coordinate training.

**Note: For new and expansion sites, LHJ shall keep on file the proof of completion of all required core and follow-up trainings, and CHVP-required trainings of employed staff along with their curricula.**

### 13. Work Space and Equipment

CHVP sites will provide necessary equipment and establish an optimal work space for staff who will be implementing CHVP, including appropriate telecommunication and computer equipment capabilities for staff use, access to a CHVP site Policies and Procedures Manual for easy reference and easy access to community resources or agencies either electronically or on paper.

## 14. Delivery of Home Visiting Services

### A. Enrollment

Potential participants are enrolled only if the enrollment criteria specified in the model elements are satisfied.

### B. CHVP Site Responsibilities During Home Visiting Implementation

- 1) In order to implement the program with fidelity to the model, CHVP sites will share experiences learned and program improvement with other CHVP entities that are implementing the HFA models through CHVP coordinated meetings and teleconferences.
- 2) If issues or difficulties arise regarding home visiting program implementation, the LAC MCAH will be notified and responsible for contacting the CHDP/MCAH CHVP Statewide Nurse Consultant for the HFA model.
- 3) Other responsibilities include the following:
  - a. Ensuring that all staff demonstrates a level of competence in the skills related to Home Visiting including assessments, interventions, referrals and follow-up;
  - b. Involving the LAC MCAH and CHVP Statewide Nurse Consultant in the process of program implementation and accreditation;
  - c. Enabling their CHVP Home Visitor collect required data on client visits, and involving the Home Visiting Supervisor to ensure that these data are entered into the database or data system required by CHVP within 1 week of the client's visit, taking all appropriate steps to maintain client confidentiality;
  - d. Maintaining strict, HIPAA-compliant confidentiality and obtaining agreement from the CDPH/MCAH CHVP Branch, CHVP Branch before reporting CHVP home visitation data outside of their own program (this is to protect against inconsistencies in reporting coming from different sources); and
  - e. Sending copies to LAC MCAH and the CDPH/MCAH CHVP Branch of all reports submitted to PCAA NO.

## 15. Home Visitation Guidelines

***NOTE: The CDPH/MCAH reserves the right to access all collected data and establishes CHVP ownership of CHVP uniquely- defined data content and functionality.***

- A. Ensure that each full-time FSW carries a caseload of no more than 15 active families seen weekly or a weighted caseload of 26 to 30 points for Level 1 families or families seen weekly.
- B. Regularly assess and ensure that each full-time FSW carries an overall caseload of no more than 25 families.
- C. Monitor FAWs and FSWs to verify they maintain the established visit schedule.
- D. Ensure that the essential program content as described in HFA Home Visit Guidelines is covered with clients by the FSW. (Refer to Policies and Procedures Manual for model visit schedule specifics.)
- E. Enforce that Home Visitors' document within 24 hours of the visit.

- F. Allow access to CHVP staff to access all collected data and establish CHVP ownership of CHVP uniquely-defined data content and functionality.

**G. Client Confidentiality and HIPAA Requirements**

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996, and took effect in 2003. It establishes standards for Protected Health Information (PHI) from disclosure and informs clients of how their information will be used. LHJ site must abide by stringent rules and regulations related to HIPAA. This ensures that all communication of PHI is confidential.

- 1) CHVP sites must establish and maintain appropriate administrative, technical and physical safeguards to protect the confidentiality of the data, prevent unauthorized use of or access to it and obtain any necessary written permissions or agreements for data analysis or disclosure of PHI, including from CHVP, and in accordance with HIPAA regulations including, but not limited to, authorizations, data use agreements, and business associate agreements.
- 2) Appropriate safeguards include, but are not limited to, securing and maintaining all hard copy or other records containing participant information containing PHI (such as CD-ROM, diskettes, thumb drives, etc.) in a locked file cabinet inaccessible to staff other than those directly involved in either the delivery of service to the participant, supervision of these direct service-delivery staff, or in data entry; and securing all electronic records containing participant information containing PHI in password-protected, encrypted files, with access only for staff directly involved in delivery of services to participants, supervision of these staff, or data entry.
- 3) Each CHVP site must have on file a Confidentiality Agreement signed by each staff member who has the ability to view the raw data, either by collecting the data or by viewing it after it has been recorded; these individual Confidentiality Agreements must be renewed annually.
- 4) All client-participants will sign an informed consent to have their information shared with the CDPH/MCAH for purposes of aggregated, unidentifiable public health reporting.
- 5) Failure of LHJ site to comply with any applicable provision of HIPAA will constitute a breach of agreement.

**16. SPECIFIC REQUIREMENTS FOR COMPETITIVE GRANT RECIPIENTS**

(Fresno; Los Angeles Communities; Merced; Nevada; Sacramento Communities; San Mateo; Solano; and Stanislaus)

**A. Activities Required for Competitive Grant Recipients**

In collaboration with the CDPH/MCAH CHVP Branch Statewide Nurse Consultant (HFA), Statewide Nurse Liaison (NFP) and Quality Assurance Team, and external evaluator, the following activities are required for counties that received MIECHV Competitive Expansion Grant funding:

- 1) Provide a sample of community leadership, family members, and clinicians who will participate in interviews and/or focus groups with external evaluators during first two months of client enrollment;
- 2) Assist external evaluators with scheduling of focus groups with selected community leaders, family members, and clinicians to develop appropriate measures and

- incorporate information deemed important for formal Site Visits; these activities are to occur during the first three months of client enrollment;
- 3) Specific designees (including community leaders, home visiting clinicians, family members, and program administrators) participate in community focus groups during the first three months of client enrollment;
  - 4) Assist with organizing and scheduling site visits with key informants in collaboration with external evaluators during the first quarter of State Fiscal Year (SFY) 2013/2014;
  - 5) Work with external evaluator to set up locations and schedule of participants for site visit during the first quarter of SFY 2013/2014;
  - 6) Participate in site visits with Evaluation Team Site Visitors during the first quarter of SFY 2013/2014;
  - 7) Receive feedback from evaluators regarding interview and site visit data before the end of second quarter for SFY 2013/2014;
  - 8) Respond to survey tools for key informants during the fourth quarter for SFY 2013/2014;
  - 9) Ensure that key program administrators to participate in phone interviews with external evaluators during the fourth quarter for SFY 2013/2014; and
  - 10) Enter additional data (type and frequency to be announced); this activity is ongoing.

#### **B. Deliverables for Competitive Grant Recipients**

The following deliverables are required from the Competitive Grant Recipients semiannually in a progress report in accordance with the due dates indicated in the Scope of Work:

- 1) List of key participants including administrators, home visiting staff, supervisors, family members, advisory board members, and local community leaders provided to external evaluators; these activities are to occur during the first three months of client enrollment;
- 2) Schedule of focus group meetings during the first quarter of SFY 2013/2014;
- 3) Establishment of dates of focus group meeting participation and roles of participants during the first quarter of SFY 2013/2014;
- 4) Site Visit schedule developed collaboratively with external evaluators during the first quarter of SFY 2013/2014;
- 5) Agenda for site visits, provided by external evaluators with locations and participants, during the first quarter of SFY 2013/2014;
- 6) Summary report of site visits provided by external evaluators before end of second quarter for SFY 2013/2014;
- 7) Participation in oral feedback sessions at end of site visit; receive formal written report highlighting key areas of discussion from external evaluators during quarter following site visit before end of second quarter for SFY 2013/2014;
- 8) Email of links to survey tools or mailing through U.S. Postal Service of hard copy of survey; transmission of completed tools to external evaluators during the fourth quarter for SFY 2013/2014;

- 9) Dates of scheduled interviews in annual reports during the third quarter for SFY 2013/2014; and
- 10) Entry of additional data; this activity is ongoing.

### **C. Quality Improvement for All Home Visiting HFA Sites**

Efforts to improve home visiting outcomes for home visiting sites are required through effective collaboration with the LAC MCAH, model program consultant and State QA teams. CHVP requires the following activities to facilitate and establish a high quality CHVP:

- 1) Communicate Continuous Quality Improvement (“CQI”) Program initiatives to LAC MCAH;
- 2) Participate in LAC MCAH and CDPH/MCAH CHVP Branch CHVP workgroups/committees;
- 3) Collect consistent and accurate data for home visiting activities;
- 4) Maintain detailed supervisory guidelines and expectations;
- 5) Promote measures to improve the process of identifying and enrolling participants who reflect the model and the target population;
- 6) Actively participate on the CAB (“LAC Home Visitation Consortium) with diverse representation to ensure broad-based community support for implementation of CHVP ;
- 7) Participate in periodic assessment by HFA model to ensure fidelity to the specific Home Visiting Program model;
- 8) Involve the CDPH/MCAH Statewide Nurse Consultant in strengthening fidelity to the model for improved results;
- 9) Periodically review and update CHVP site-specific Policies and Procedures Manual to improve home visiting interventions, documentation, and data collection; (The CDPH/MCAH CHVP reserves the right to review LHJ site’s Policies and Procedures Manual and approve changes.);
- 10) Ensure staff is trained in accordance with HFA model requirements, in addition to CHVP training requirements;
- 11) Adhere to the program components and requirements for each model, including CHVP protocols; and
- 12) Consistently deliver home visiting services to families enrolled in services.

### **D. Client Support Materials**

CHVP sites that create new educational materials uniquely different from HFA educational materials, such as, pamphlets, brochures or other client support materials, must submit a draft copy to LAC MCAH for approval. Distinctively developed materials for CHVP should display only the CHVP logo.

Materials development using funds provided by the CDPH/MCAH CHVP Branch must acknowledge this support with a written statement/credit printed on the materials. This statement/credit must also be included on any curriculum, educational materials,

programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH allocation. The written statement/credit should include:

- A statement identifying funding support on the title page of public reports or publications
- A statement identifying funding support on the first page of any journal articles. For example- This project was supported by funds received from the California Departments of Public Health, Maternal, Child, and Adolescent Health Division/CHVP.

**SCHEDULE 3**

**ANTELOPE VALLEY PARTNERS FOR HEALTH  
MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
HEALTHY FAMILIES AMERICA (HFA)**

	<u>Budget Period</u>
	July 1, 2013 through June 30, 2014
Full-Time Salaries	\$453,315
Employee Benefits @ 26%	<u>117,862</u>
Total Full-Time Salaries and Employee Benefits	\$571,177
Part-Time Salaries	\$ -0-
Employee Benefits	<u>\$ -0-</u>
Total Part-Time Salaries and Employee Benefits	\$ -0-
Total Salaries and Employee Benefits	\$571,177
Operating Expenses	\$115,011
Equipment	\$ -0-
Rent	53,400
Subcontracts	\$ 10,775
Indirect Cost @ 10% of Salaries	<u>\$ 45,331</u>
TOTAL PROGRAM BUDGET	*\$795,694

\*Maximum Obligation is comprised of federal Title V Funds.

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Public Health Director or his designee. Funds shall only be utilized for eligible program expenses.

Contract No. PH-002170

**MATERNAL, INFANT AND EARLY CHILDHOOD  
HOME VISITING PROGRAM SERVICES AGREEMENT**

Amendment Number 1

THIS AMENDMENT is made and entered into this \_\_\_\_\_ day  
of \_\_\_\_\_, 2013,

by and between COUNTY OF LOS ANGELES (hereafter  
"County"),  
and LOS ANGELES UNIFIED SCHOOL  
DISTRICT (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "MATERNAL,  
INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM SERVICES  
AGREEMENT", dated June 26, 2012, and further identified as Contract No.  
PH-002170 and any Amendments thereto (all hereafter "Contract"); and

WHEREAS, it is the intent of the parties hereto to amend the Agreement to  
extend the term effective July 1, 2013 through June 30, 2014 and increase the  
maximum obligation of County and make hereafter other designated changes; and

WHEREAS, said Agreement provides that changes may be made in the form of  
a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective on July 1, 2013.
2. Paragraph 1, TERM, shall be replaced in its entirety with the following:

“1. TERM:

The term of this Agreement shall be effective June 26, 2012 and shall continue in full force and effect unless sooner canceled or terminated as provided herein through June 30, 2014.

In any event, this Agreement may be canceled or terminated at any time by either party, with or without cause, upon the giving of at least thirty (30) calendar days advance written notice to the other party. Further, County may also suspend the performance of services hereunder, in whole or in part, and with or without cause, upon the giving of at least a thirty (30) calendar days advance written notice to Contractor. County’s notice shall set forth the extent of the suspension and the requirement for full restoration of the performance obligations.

Notwithstanding any other provision of this Agreement, the failure of Contractor or its officers, employees, agents, or subcontractors, to comply with any of the terms of this Agreement or any written directions by or on behalf of County issued pursuant hereto shall constitute a material breach hereto, and this Agreement may be terminated by County immediately. County’s failure to exercise this right of termination shall not constitute a waiver of such right, which maybe exercised at any subsequent time.”

3. Paragraph 2, DESCRIPTION OF SERVICES, subparagraph A, shall be revised to read as follows:

"A. Contractor shall provide the services in the manner described in Exhibit

A, (06/26/12 – 06/30/12), Exhibit A-1 (07/01/12 – 06/30/13), Exhibit A-2 (07/01/13 – 06/30/14), (Scopes of Work), and Exhibit B (06/26/12 – 06/30/13) and Exhibit C, (07/01/13 – 06/30/14), (Program Operational Requirements), attached hereto and incorporated herein by reference."

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, subparagraphs C and D, shall be added to Agreement as follows:

"C. Effective July 1, 2013 through June 30, 2014, the maximum obligation of County for services provided under this Agreement for all services provided hereunder shall not exceed One Million, Thirty-Nine Thousand, One Hundred Thirty-Three Dollars (\$1,039,133) as set forth in Schedule 3, attached hereto and incorporated herein by reference.

D. Effective June 26, 2012 through June 30, 2014, the total contract maximum obligation is Two Million, Five Hundred Seventy-Four Thousand, Three Hundred Thirteen Dollars (\$2,574,313) as set forth in Schedule (s) attached hereto and incorporated herein by reference."

5. Effective on the date of this Amendment, Exhibit A-2 and Exhibit C shall be attached hereto and incorporated herein by reference.

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Director of Public Health, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

By \_\_\_\_\_  
JONATHAN E. FIELDING, M.D., MPH  
Director and Health Officer

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Contractor

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Debra Duardo  
Printed Name

Title Assistant Superintendent

(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM  
BY THE OFFICE OF THE COUNTY COUNSEL  
JOHN F. KRATTLI  
County Counsel

APPROVED AS TO CONTRACT  
ADMINISTRATION:

Department of Public Health

By \_\_\_\_\_  
Patricia Gibson, Chief  
Contracts and Grants Division  
#02589 yl

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM**  
**NURSE FAMILY PARTNERSHIP (NFP)**  
**SCOPE OF WORK**  
**CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Administrative Plan</b></p> <p>1.1 By July 31, 2013, Contractor will finalize an Administrative Plan and submit to Los Angeles County (LAC) Maternal, Child, and Adolescent Health Programs (MCAH) prior to CHVP NFP implementation.</p> <p><i>Nurse Family Partnership is an evidence-based home visiting model selected by the California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) Division to address the diverse needs of children and families in communities at-risk.</i></p> <p><i>California Home Visiting Program (CHVP) Local Health Jurisdiction (LHJ) sites will be referred to as "CHVP Sites" in Los Angeles County.</i></p>	<p>1.1.1 The Administrative Plan must summarize all administrative activities associated with CHVP implementation as follows:</p> <ul style="list-style-type: none"> <li>Status of all activities accomplished and required before program implementation (e.g., completion of recruiting, hiring, orienting and training staff, as well as for obtaining equipment and necessary training including training materials).</li> <li>Determine target dates for planned activities.</li> <li>Names and contact information for the responsible staff that will be completing each activity.</li> <li>Names, employee #s and hire dates for all staff at the NFP CHVP site.</li> </ul>	<p>By 07/31/13</p>	<p>1.1.1 Activities are planned and prioritized to be performed to meet objectives.</p> <p>1.1.2. Identify key personnel to implement the CHVP program with fidelity to the NFP model and CHVP Guidelines.</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.</p> <p><b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>
			<p>1.1.1 Submit a complete Administrative Plan including a staffing report to LAC MCAH.</p>	

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures		
			Process Measures	Outcome Measures	
<p><b>Leadership</b></p> <p>1.2 By August 31, 2013, Contractor will develop a plan for investigation into leveraging opportunities for coordination and integration of services to improve community linkages, reduce duplication of service, and foster seamless systems of services and supports for their specific target population.</p>	<p>1.2.1 The CHVP site Program Manager will begin the process to identify various nonprofit and private entities within their geographical service area that can provide input on all matters related to the development and implementation of the CHVP including:</p> <ul style="list-style-type: none"> <li>Working closely with the LAC MCAH Director or other designated individual to explore partnering opportunities and resource development;</li> <li>Participating on the LA Perinatal Home Visitation Consortium;</li> <li>Identifying opportunities for area specific, community-based resource partnerships that can help meet the identified needs of those being served in the home; and</li> <li>Assisting the LAC MCAH Director or designee identify and reduce service delivery delays and gaps.</li> </ul>	<p>By 08/31/13</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) Indicates reports that are generated from data entered into the CHVP database</p>	<p>1.2.1 Show evidence of planning or activities to leverage fiscal or operational processes and integration of site services with linkages into existing community resources.</p> <p>1.2.2. Convene recommended activities that inform the development of a system of care improvement that will:</p> <ul style="list-style-type: none"> <li>Identify local community leaders, home visiting staff and recipients;</li> <li>Designate supervisors and others to be interviewed by external evaluators; and</li> <li>Convene focus groups and continue participation in focus meetings during the first fiscal year.</li> </ul>	<p>1.2.1 Submit report to LAC MCAH on CHVP-related accomplishments during this reporting period.</p> <p>1.2.2 Submit report to LAC MCAH on the system of care improvement activities plan.</p>

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Program and Fiscal Management</b>				
1.3 By January 14, 2014, Contractor will update, develop and/or maintain current programmatic and fiscal policies and procedures including a current up-to-date Scope of Work (SOW).	<p>1.3.1 Submit current Staffing Report (<b>Attachment A</b>) to LAC MCAH to receive Federal reimbursement and demonstrate maintenance of effort (MOE).</p> <p>1.3.2 Identify who will participate in the following LAC MCAH audit processes:</p> <ul style="list-style-type: none"> <li>• Semi-annual review of internal policies and procedures;</li> <li>• Providing evidence of fidelity to their selected site evidence-based model and CHVP added requirements; and</li> <li>• Inputting electronic data into the CHVP data system according to model specifications and CHVP requirements.</li> </ul>	<p>By 01/14/14</p> <p>By 01/14/14</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>	<p>1.3.1 Procedure manual of current programmatic policies and procedures is available on site(s) and up-to-date.</p> <p>1.3.2 Staffing Plan submitted showing the names of individuals who will participate in the audit process.</p>

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM**  
**NURSE FAMILY PARTNERSHIP (NFP)**  
**SCOPE OF WORK**  
**CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.</b>  <b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>				
<b>Program &amp; Fiscal Management</b>				
<p>1.4 By July 16, 2013, Contractor will begin the process necessary to hire staff according to identified needs.</p>	<p>1.4.1 Contractor will begin process needed to gain approval and begin the hiring of sufficient staff to serve 100 clients and adhere to their specific evidence-based model staffing guidelines (ratios):</p> <ul style="list-style-type: none"> <li>• <b>NFP Model</b> <ul style="list-style-type: none"> <li>- Supervising Public Health Nurse</li> <li>- 4 Public Health Nurses</li> <li>- Administrative/Clerical Support</li> </ul> </li> <li>• Plan to complete staffing (including non-CHVP-funded staff) organizational chart with names of staff hired to be submitted to MCAH as required.</li> </ul>	<p>By 07/16/13</p>	<p>1.4.1 All required protocols for staff hiring have been completed.</p>	<p>1.4.1 Submit staffing report by July 16, 2013 that will include the following:</p> <ul style="list-style-type: none"> <li>• Staff recruitment status.</li> <li>• Percentage of effort dedicated to CHVP.</li> <li>• Completed staffing organizational chart with names of CHVP staff hired.</li> </ul>
<b>Cultural Sensitivity</b>				
<p>1.5 By June 30, 2014, Contractor will provide culturally sensitive home visiting practices in order to reduce disparities in maternal, infant and early childhood health and behavioral outcomes.</p>	<p>1.5.1 All Contractor staff will participate in trainings or educational opportunities designed to enhance cultural sensitivity.</p>	<p>Ongoing</p>	<p>1.5.1 Compile a list of staff that attended cultural sensitivity trainings and provide descriptions of the trainings.</p>	<p>1.5.1. Submit list of staff who attended cultural sensitivity trainings and include description of trainings.</p>

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
	<p>1.5.2 All Contractor staff should reflect the diverse cultures and languages of the families they serve.</p> <p>1.5.3 Use culturally sensitive materials and translation services when necessary.</p> <p>Possible Resources:  <a href="http://rootsofhealthinequity.org/">http://rootsofhealthinequity.org/</a>  <a href="http://www.unaturalcauses.org/">http://www.unaturalcauses.org/</a>  <a href="http://calpactucb.blogspot.com/2011/10/cultural-competency-training-with-dr.html">http://calpactucb.blogspot.com/2011/10/cultural-competency-training-with-dr.html</a></p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.  <b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>	
			<p>1.5.2 Identify bilingual or multilingual staff.</p> <p>1.5.3 Submit a list of translation services utilized; list by language and frequency.</p> <p>1.5.4 Prepare a brief narrative description of barriers and/or concerns to providing culturally sensitive services; also note if outreach and/or services have been limited or restricted.</p>	

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Training</b>				
1.6 By June 30, 2014, Contractor will complete all required educational and ongoing training sessions as required by the NFP program and as detailed in Exhibit B: Program Operational Requirements (POR) for California Home Visiting Program.	1.6.1 CHVP site staff will receive or finalize plans for NFP training in the following curricula, assessment tools, and other training modules as required by the NFP program model: <ul style="list-style-type: none"> <li>Partners in Parenting Education (PIPE)</li> <li>Ages and Stages Questionnaire (ASQ)</li> <li>Keys to Care Giving</li> <li>DANCE Assessment (in lieu of N-CAST)</li> <li>HOME Inventory</li> <li>Women's Experience of Battering (WEB)</li> <li>Other CHVP required trainings to be announced in a program letter as appropriate.</li> </ul>	Ongoing	1.6.1 Submit a list of staff that has completed trainings including the dates taken and copy of successful completion of core educational requirements, as well as a training schedule for those trainings not yet given.	1.6.1. All CHVP staff has completed required trainings.

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**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
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**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Enrollment</b>				
<p>1.7 By January 1, 2014, Contractor will show evidence of client recruitment and plans to enroll 100 families in the CHVP Program by 9-15 months from date of program implementation, and maintain caseloads at 100% for the remaining contract period, recognizing the effects of attrition when the number of enrolled clients may temporarily fall below 100. (+)</p> <p>+ <b>Indicates</b> a Health Resources and Services Administration (HRSA) required construct.</p>	<p>1.7.1 Conduct outreach activities to at risk groups, areas, and community agencies and other service providers to ensure that appropriate, eligible clients are identified and referred to CHVP Site.</p> <p>1.7.2 CHVP Site will assess and enroll eligible families for CHVP services following educational preparations of service staff, and will participate in a process to link non-qualifying referred families to other community resources.</p>	<p>By 01/01/14</p> <p>By 01/01/14</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.                      (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>	<p>1.7.1 Submit a report summarizing the total number of outreach efforts and agencies/individuals contacted to garner NFP referrals. (*)</p> <p>1.7.2 Report the average time from receipt of referral to first client contact and home visit intake. Within this report, submit information on the total number of contact attempts from referral to first client contact and home visit intake. (*)</p>
	<p>1.7.1 Conduct and keep records on outreach activities to diverse agencies and garner information on the community groups and other service providers contacted.</p> <p>1.7.2 Record and report the following:</p> <ul style="list-style-type: none"> <li>• Number of enrolled families by month;</li> <li>• Number of attempted and completed home visits;</li> <li>• Number of clients that were maintained on the home visitor caseload and time duration of the home visit.</li> <li>• Number and source of incoming referrals from local agencies to CHVP</li> <li>• Number of newly enrolled families by month; and</li> </ul>			

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
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**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
			Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated. <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	
			<ul style="list-style-type: none"> <li>Number and type of outgoing referrals made to appropriate community resources for families not enrolled in CHVP by month.</li> </ul>	
<b>Home Visiting Service</b>				
1.8 By January 1, 2014, Contractor site will have implemented home visiting services under the following conditions: <ul style="list-style-type: none"> <li>LHU board approval.</li> <li>NFP National Service Office (NSO) approval of the LHJ site implementation plan and signed contract ;</li> <li>Availability of CHVP ETO data system and/or CHVP forms; and</li> <li>CHVP approval to begin client enrollment.</li> </ul>	1.8.1 Begin implementation of home visiting services following completion of the NFP model and CHVP training requirements.  <b>Note:</b> Appropriate staff shall document home visiting notes within 24 hours of occurrence and enter information into the CHVP ETO data system within one week of client visit.	By 01/01/14	1.8.1 Report the number and length of contacts made for recruitment by the home visitor.  1.8.2 Report the number of clients who were recruited, and the date of their enrollment if applicable.	1.8.1 Of those eligible for home visiting, prepare a report on the proportion of those who were successfully enrolled after referral.  1.8.2 Of those enrolled families or clients, report the number of scheduled <u>visits and number of completed visits.</u>

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM**  
**NURSE FAMILY PARTNERSHIP (NFP)**  
**SCOPE OF WORK**  
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**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Fidelity and Quality Assurance</b>				
1.9 By June 30, 2014, Contractor will have a developed plan to ensure program fidelity and quality of CHVP implementation.	1.9.1 Contractor Supervisors have been scheduled or received adequate training and instruction in management of staff activities using reflective supervision based on the NFP model requirements.	07/01/13 & ongoing	1.9.1 Supervisor shall submit the Supervisor Quality Report detailing the site's actual or anticipated successes, challenges, and any technical assistance that may be needed from LAC MCAH.	1.9.1. Contractor will submit a Quality Assurance (Continuous Quality Improvement) plan to ensure data integrity and program fidelity.  1.9.2 Data systems are identified and operational.
	1.9.2 Contractor shall verify the accuracy and completeness of data input into the CHVP ETO system.	By 01/01/14	1.9.2 Supervisor and/or home visitor(s) will conduct periodic chart audits and report results and number reviewed (minimum 10%).	
	1.9.3 Contractor will develop a process to work with the CHVP external evaluators and LAC MCAH to ensure that all data collected by the specific model programs for contract is accurate, valid and complete and inputted into the CHVP ETO data system.	07/01/13 & ongoing	1.9.3 Evidence of initial collaboration to develop the process and method(s) to be used for verifying the integrity of the program specific data that will be shared with the CHVP to evaluate program processes and outcomes.	
	1.9.4 Participate in NFP quality assurance activities and any CHVP-directed Continuous Quality Improvement (CQI) activities to be developed.	07/01/13 & ongoing	1.9.4 Submit a draft CQI plan based on CHVP guidelines in the Policies and Procedures Manual.	

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**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
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**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
			Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated. <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	
	1.9.5 Identify areas in need of improvement and develop a means to address deficiencies and also identify strengths and best practices and create action steps for CQI.  1.9.6 Coordinate communication of quality assurance/improvement activities between the Contractor and a Community Advisory Board (CAB) or other community collaborative designated to address quality improvement needs.	07/01/13 & ongoing  07/01/13 & ongoing	1.9.5 Submit CQI data report (developed by CHVP); identify activities for achieving quality improvements.  1.9.6 Submit highlights of CAB or other community group discussions related to CQI and any recommendations and/or outcomes from these discussions.	
	1.9.7 Contractor and the LAC MCAH Evaluation Team Member will work collaboratively with CHVP external evaluators to ensure that all data is provided as needed.	07/01/13 & ongoing	1.9.7 Contractor will report required activities as defined in the attached POR.	

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
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**Goal 1: Provide leadership and coordinate maternal and early childhood systems within their jurisdictions to advance to improve the health and Well-being of families.**

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Data Collection</b>				
1.10.1 By January 01, 2014, Contractor will develop a plan to collect information that will contribute to the 35 constructs that comprise the six (6) legislatively-mandated benchmark domains, and any possible additional CQI and/or evaluation measures identified in the CHVP Policies and Procedures Manual (to be released).	1.10.1 Contractor will develop a plan to use CHVP or NFP data forms and processes as defined in the CHVP Data Collection Manual.	By 01/01/14	1.10.1 Method established to submit quarterly reports on the data related to the 35 constructs, including home visitor and supervisor demographics and CQI.	1.10.1 Quarterly reports on data related to the 35 constructs are available.
1.10.2 By January 01, 2014, Contractor will develop a plan to collect participant demographic, process, quality improvement, and outcome data using the required tools through self-report and observation at each of the defined time intervals.	1.10.2 Contractor will direct staff to collect and enter the data into the secure data management system on an ongoing basis and as required by CHVP and NFP when it becomes available.	By 01/01/14 & ongoing	1.10.2 Method established to submit quarterly reports on the data related to the 35 constructs, including home visitor and supervisor demographics and CQI.	1.10.2 Quarterly reports on data related to the 35 constructs, including home visitor and supervisor demographics and CQI is submitted complete.

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK**

**CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 2: Cultivate Strong Communities**

- The federally required benchmarks and constructs corresponding to Goal 2 include:
- Improvement in the coordination and referrals for other community resources and supports
    - Number of families identified for necessary services; Number of families that received a referral to available community resources; Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community; Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies; Number of completed referrals.

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Community Advisory Board</b></p>				
<p>2.1 By June 30, 2014, the Contractor will actively participate on the CAB, aka L A Home Visitation Consortium, initially convened by LAC MCAH to assist in informing home visiting program operations, guiding CHVP implementation, quality assurance/improvement, child &amp; family advocacy, and public awareness regarding home visiting.</p>	<p>2.1.1 CAB activities include:</p> <ul style="list-style-type: none"> <li>• Attending quarterly CAB meetings and participate in the CHVP Advisory Subcommittee;</li> <li>• Maintain records of meeting minutes and Agendas;</li> <li>• Review Quality Assurance data and site operations;</li> <li>• Assist in informing site program operations and implementation, quality assurance, child and family advocacy, and public awareness regarding home visiting, interagency coordination and information/resource sharing;</li> <li>• Assist in the development of a collaborative and coordinated referral system that can be expanded throughout site communities and LAC.</li> </ul>	<p>07/01/13 &amp; ongoing</p>	<p>2.1.1 Describe the activities and attendance frequency of site staff at CAB meetings during the reporting period to enhance CHVP implementation and operation.</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) Indicates reports that are generated from data entered into the CHVP database</p>
			<p>2.1.1 Submit a site report to LAC MCAH regarding policy recommendations developed by CAB, if applicable.</p> <p>2.1.2 Submit a site report of outcomes related to any implemented CAB policy recommendations, if applicable.</p> <p>2.1.3 Submit a report of accomplishments as related to each of the CAB goals and objectives, if applicable.</p>	

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**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
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**Goal 2: Cultivate Strong Communities**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Memorandum of Understanding/Formal Agreements</b>				
<p>2.2 By June 30, 2014, the Contractor will increase or enhance the number of Memorandums of Understanding (MOU), formal or informal agreements with local social service agencies in the community. (+)</p> <p><b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>2.2.1 Develop and/or maintain documented agreements (e.g., MOUs, letters of support or agreements) with community agencies and other service providers.</p> <p>2.2.2 Develop community partnerships and facilitate coordination and integration of services among LAC MCAH and other community programs/services.</p>	<p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p>	<p>2.2.1 Develop templates for MOUs, Letters of Support, etc.</p> <p>2.2.2 Method established to track referral resources and the number of referrals received by each referring entity.</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.  <b>(*) Indicates reports that are generated from data entered into the CHVP database</b></p>
			<p>2.2.1 Report the number of MOUs or other formal agreements with other local social service agencies under development or executed. Maintain documented agreements on file.</p> <p>2.2.2 Administrative Plan details the types of agreements (e.g., MOUs) planned with community agencies and other referral and service providers that are being considered.</p>	

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**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
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**Goal 2: Cultivate Strong Communities**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p>2.3 By June 30, 2014, the Contractor will establish a clear point of contact within other local social and human service agencies that promotes and increases information sharing. (+)</p> <p>+ <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i></p>	<p>2.3.1 Develop collaborative relationships with local service agencies and hospitals in the community to effect strong referral resources and allow service integration.</p> <p>2.3.2 The Contractor will begin the identification of clear points of contact (person/s) with collaborating community agencies with which to share information on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc.</p> <p>2.3.3 Promote outreach and education about CHVP.</p> <p>2.3.4 Contractor will utilize the CAB as one of their key informal linkages and conduits into other agencies and communities where formal agreements are not useful/indicated/possible.</p>	<p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p> <p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>	<p>2.3.1 Number of agencies where the home visitor has a clear point of contact and with whom information is regularly exchanged. (*)</p> <p>2.3.2 Outreach education is conducted in accordance to CHVP guidelines and recorded in the ETO system or site outreach logs.</p>

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**Goal 2: Cultivate Strong Communities**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures		
			Process Measures	Outcome Measures	
<p>2.4 By January 01, 2014, Home Visitors shall assist clients in accessing services and resources in their community for each identified need. (+)</p> <p>+ <b>Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>2.4.1 Home Visitor shall screen and identify needs following model and CHVP policies and procedures. Identify resources for potential and expected referrals for issues of concern that is based on screening tool outcomes, clinical assessment, or parental concerns.</p> <p>2.4.2 Develop a process whereby Home Visitors can easily follow-up with the family regarding outcome of referrals.</p> <p>2.4.3 Maintain access to, or develop an updated list of community referral resources/services including hospitals, health care providers, and community agencies. Domains shall include:</p> <ul style="list-style-type: none"> <li>• Maternal, Infant, and Child Health;</li> <li>• Mental Health;</li> <li>• Early Childhood Development ;</li> <li>• Substance Abuse;</li> </ul>	<p>By 01/01/14</p> <p>By 01/01/14</p> <p>By 01/01/14</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>	<p>2.4.1 Number and percent of families with identified needs that have or don't have a corresponding referral to available community resources. (+)</p> <p>2.4.2 Document how the client pursues and receives services and works towards self-sufficiency.</p> <p>2.4.3 Document number and type of referral resources/services available and appropriate for the clients in the program; and document any changes or updates to the list of community referral resources.</p>	<p>2.4.1 Report on the number and percent of completed referrals and services received. (*)</p> <p>2.4.3 Community referral resource guide for area(s) served is available to all home visitors.</p>

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**Goal 2: Cultivate Strong Communities**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
	<ul style="list-style-type: none"> <li>• Domestic Violence Prevention;</li> <li>• Child Maltreatment Prevention;</li> <li>• Child Welfare;</li> <li>• Education/Employment; and</li> <li>• Other Social and Health Services.</li> </ul> <p>Note: Referrals include both internal referrals (provided by the local agency) and external referrals (to services provided in the community but outside of the local agency).</p>		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated. <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	

EXHIBIT A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
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 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 3: Promote Maternal Health and Well Being**

The federally required benchmarks and constructs corresponding to Goal 3 include:

- Improved Maternal and Newborn Health
- Prenatal care, Parental use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-birth intervals; Screening for maternal depressive symptoms; Breastfeeding; Well-child visits; maternal and child health insurance status.

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Prenatal Care</b></p>				
<p>3.1 By January 01, 2014, Contractor will increase the number of pregnant women who received prenatal care as a result of being enrolled in the CHVP. (+)</p>	<p>3.1.1 Develop method(s) to educate women regarding early and adequate prenatal care.</p> <p>3.1.2 Develop method(s) to refer women to prenatal provider, and use Comprehensive Perinatal Services Program (CPSP) provider when available.</p>	<p>By 01/01/14</p> <p>By 01/01/14</p>	<p>3.1.1 Method established to educate about early prenatal care identified.</p> <p>3.1.2 Method established to refer to prenatal providers identified.</p> <p>3.1.3 Method established to collect the number of referrals to CPSP and other prenatal providers established.</p>	<p>3.1.1 Provide data report on those who received early and adequate prenatal care. (*)</p> <p>3.1.2 Number and percent of pregnant women who at intake were not receiving prenatal care and subsequently received care (*)</p> <p>3.1.3 Referrals to CPSP and other prenatal providers are recorded and counted.</p>
<p>3.2 By January 01, 2014, Contractor will increase the number of women who received early and adequate prenatal care. (+)            (Refer to Policy and Procedures Manual (when it becomes available) for guidance on what constitutes adequate care.)</p>	<p>3.2.1 Develop method(s) to identify and address barriers to keeping prenatal appointments.</p> <p>3.2.2 Establish referral resources.</p>	<p>By 01/01/14</p> <p>By 01/01/14</p>	<p>3.2.1 Report on the activities contributing to success in overcoming barriers to receiving prenatal care.</p> <p>3.2.2 Report on the challenges encountered in establishing referral resources and compliance to referrals.</p>	<p>3.2.1 Document of challenges encountered establishing referral resources is available and updated.</p>

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MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISING PROGRAM  
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Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures
<b>Maternal Health Insurance</b>			
3.3 By June 30, 2014, Contractor will increase the proportion of women, who are enrolled during pregnancy, with health insurance during pregnancy and postpartum. (+)  + <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i>	3.3.1 Provide information to clients about how to access health insurance programs and the benefits of health care coverage.  3.3.2 Develop a method to make referrals and assist clients to enroll in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and other low cost/no cost health insurance programs for health care coverage.	07/01/13 & Ongoing	3.3.1 Number and percent of uninsured women given referrals to low cost/no cost health insurance programs for their own health care coverage.  3.3.2 Method established to collect information on the number of referrals to low cost/no cost health insurance programs for health care coverage.  3.3.1 Report on the number and percent of women with health insurance during pregnancy and at 2 and 12 months postpartum. (*)
<b>Maternal Emergency Department (ED) Visits</b>			
3.4 By January 01, 2014, Contractor will establish a means to decrease maternal Emergency Department visits. (+)	3.4.1 Develop a means to educate women on appropriate use of ED and medical home for routine care.	By 01/01/14	3.4.1 Guidelines established in protocol to educate women on appropriate use of ED and medical home for routine care.  3.4.1 Report on the number and percent of visits per mother to an emergency facility is recorded and available at each reporting period. (*)

EXHIBIT A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISING PROGRAM  
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Goal 3: Promote Maternal Health and Well Being

		Evaluation/Performance Measures	
Measurable Objectives	Implementation of Intervention Objectives	Timeline	Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated. (* ) <b>Indicates reports that are generated from data entered into the CHVP database</b>
<b>Maternal Alcohol, Tobacco and Illicit Drug Use</b>			
3.5 By January 01, 2014, Contractor will have specified implementation plans to decrease maternal use of alcohol, tobacco, and illicit drugs during pregnancy, and if enrolling during pregnancy, and postpartum. <b>(+)</b>  <b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b>	3.5.1 Develop a process to adequately assess mother for alcohol, tobacco, and illicit drugs during pregnancy and postpartum and refer as appropriate.	By 01/01/14	3.5.1 Collect the number of women with identified use of substances including alcohol, tobacco, and illicit drug use. (*)  3.5.1 Data on the number and percent of pregnant and postpartum women who were referred and also completed referral for substance use, including alcohol, tobacco and illicit/prescription drugs and entered into ETO. (*)

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Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
<b>Inter-birth Interval</b>				
3.6.1 By January 01, 2014, Contractor will develop an implementation plan to decrease the proportion of women with a subsequent pregnancy within 18 months postpartum.	3.6.1 Develop a plan to assist clients in reproductive life planning: <ul style="list-style-type: none"> <li>• Discuss family planning</li> <li>• Educated on the use of different types of contraceptive</li> <li>• Refer to appropriate agencies to obtain contraceptives</li> <li>• Assist clients to understand the characteristics of healthy relationships and provide resources to assist in dealing with abuse, reproductive coercion or birth control.</li> </ul> 3.6.2. Ensure model lesson plans include complete information and demonstration items for use in discussing contraception.	By 01/01/14	3.6.1. Demonstrate model plans to encourage use of birth control to decrease the proportion of women with a subsequent pregnancy within 18 months postpartum.	3.6.1 Report on the number and percent of women with confirmed subsequent pregnancy less than 18 months postpartum. (*)
3.6.2 By June 30, 2014, Contractor will increase the number of women using contraception up to 12 or more months of postpartum. (+)		By 01/01/14	3.6.2. Procedure written and demonstration materials are available to all home visitors to utilize in teaching clients about contraception use in the home.	3.6.2 Report on the number and percent of women using contraception at 6 and 12 months postpartum. (*)

EXHIBIT A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
<b>Maternal Depression and Parental Stress</b>				
3.7 By June 30, 2014, Contractor will increase the proportion of women screened for maternal depression and parental stress and referred for services as appropriate.	3.7.1 Develop a process on how to educate women on the signs and symptoms of maternal depression.  3.7.2 Develop a process to collect information on the number of screens done for maternal depression with the Edinburgh Postnatal Depression Scale or equivalent evidence-based screen at specified intervals required by model specifications or by the CHVP ( <b>See Attachment D</b> ), and refer to appropriate services as warranted.	07/01/13 & ongoing  07/01/13 & ongoing	3.7.1 Collect information on the number and percent of women screened for maternal depression. (*)  3.7.2 Collect information on the number and percent of women screened for maternal depression. (*)	3.7.1 Report on the number and percent of women screened for maternal depression. (*)  3.7.2 Report on the number and percent of women at-risk who screened positive for postpartum depression/perinatal mood disorders, and who were referred to appropriate services and who completed the referral. (*)
	3.7.3 Develop a mechanism to identify community partners with expertise in management of postpartum depression/perinatal mood disorders.	7/01/13 & ongoing	3.7.3 Identify potential referral resources for women with postpartum mood disorders.	3.7.3 Referral resources for women with postpartum mood disorders are available in resource referral manual at each CHVP site.

EXHIBIT A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures	
	3.7.4 Develop a process to refer women with maternal depression to identified community partner for appropriate services.	07/01/13-ongoing	3.7.4 Collect on the number and percent of women referred to appropriate services.	Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated. (*) Indicates reports that are generated from data entered into the CHVP database 3.7.4 Report on the number and percent of referred women who completed referral.

EXHIBIT A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures
<p><b>Breastfeeding</b></p> <p>3.8 By June 30, 2014, Contractor will increase the proportion of enrolled women, who initiated breastfeeding in the first year of life. (+)</p> <p>+ <b>Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>3.8.1 Develop a plan on how to:</p> <ul style="list-style-type: none"> <li>Educate women regarding the importance of initiating breastfeeding for at least 6 months and of continued breastfeeding through one year postpartum.</li> <li>Educate and support women on the importance of <u>exclusive</u> breastfeeding for a t least 6 months.</li> <li>Refer to breastfeeding and lactation support when appropriate (WIC Peer Counseling Program or other local resources).</li> </ul>	<p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>
			<p>3.8.1 Number and percent of women receiving breastfeeding referral. (*)</p>
			<p>3.8.1 Report on the number and percent of women breastfeeding at 6 months and at 12 months. (*)</p> <p>3.8.2 Report on the number and percent of women breastfeeding exclusive at each month of infant's age up to 6 months. (*)</p>

EXHIBIT A-2

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14

Goal 3: Promote Maternal Health and Well Being

Measurable Objectives	Implementation of Intervention Objectives	Timeline	Evaluation/Performance Measures
<p><b>Postpartum Visit</b></p> <p>3.9 By June 30, 2014, Contractor, if enrolling before 6 weeks postpartum, will increase proportion of women who had a postpartum visit with a medical provider.</p>	<p>3.9.1 Determine how to educate women regarding the importance of a postpartum visit with a medical provider. Facilitate obtaining and accessing services, if needed.</p>	<p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated.            (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p> <p>3.9.1 Plan protocols to recommend postpartum visit compliance to schedule and plan for client training.</p> <p>3.9.1 Report on the number and percent of postpartum women who attended a 4 to 6 week routine postpartum visit with a medical provider.            (*)</p>

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)**

**SCOPE OF WORK**

**CONTRACT PERIOD: 07/01/13 – 07/01/14**

**Goal 4: Improve Infant and Child Health and Development**

**The federally required benchmarks and constructs corresponding to Goal 4 include:**

- Improved Maternal and Newborn Health
  - Prenatal care; Prenatal use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-births intervals; Screening of maternal Depressive symptoms; Breastfeeding; Well-child visits; Maternal and child health insurance status
- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
  - Visits for children to emergency departments from causes; Visits of mothers to the emergency department from all causes; Information provided or training of participants on prevention of child injuries; Incidence if child injuries requiring medical treatment; Reported suspected maltreatment if children in the program; Reported substantiated maltreatment of children in the program; First Time victims of maltreatment of children in the program.
- Improvements in School Readiness and Achievement
  - Parent support for children's learning and development; Parent knowledge of children development and their child's developmental Progress, Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, Language and emergent literacy; Child's general cognitive skills.

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	Outcome Measures
<b>Insured Children</b>				
4.1 By June 30, 2014, Contractor will develop a plan to increase the proportion of children who have health insurance continuously through two years of age. (+)	4.1.1 Identify a method to make referrals and assist parents to enroll children in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and/or other low cost/no cost health insurance programs.	07/01/13 & ongoing	4.1.1 Collect the number and percent of referrals to low cost/no cost health insurance programs for their child health care coverage.	4.1.1 Report on the number and percent of children who have any type of health insurance at 12, 18 and 24 months. (*)
<b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b>				

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 4: Improve Infant and Child Health and Development**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Child Emergency Department (ED) Visits</b></p>				
<p>4.2 By June 30, 2014, Contractor will increase parental awareness on appropriate use of Emergency Department (ED) visits. (+)</p> <p>+ <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i></p>	<p>4.2.1 Educate parents on appropriate use of ED and help establish medical home for routine care.</p>	<p>Ongoing</p>	<p>4.2.1 Report on the number and percent of children visiting the ED for any reason. (*)</p>	<p>Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated (*) <b>Indicates reports that are generated from data entered into the CHVP database</b></p>
<p><b>Well-Child Visits</b></p>				
<p>4.3 By June 30, 2014, Contractor will increase the proportion of children who receive all recommended well-child visits from 0-2 years. (+)</p>	<p>4.3.1 Educate families to understand the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.</p>	<p>07/01/13 &amp; ongoing</p>	<p>4.3.1 Report on the number and percent of infants that received all American Academy of Pediatrics (AAP) recommended well-child visits for their age. (*)</p> <p><b>Link: AAP</b>  <a href="http://brightfutures.aap.org/pdfs/aap%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf">http://brightfutures.aap.org/pdfs/aap%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf</a></p>	

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 4: Improve Infant and Child Health and Development**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Child Injuries</b>				
4.4 By June 30, 2014, Contractor will decrease the incidence of child injuries requiring medical treatment. (+)	4.4.1 Educate and support families regarding home safety measures and child injury prevention.  <b>Link to State Injury Prevention Website:</b> Safe and Active Communities Branch <a href="http://www.cdph.ca.gov/programs/sacb/Pages/default.aspx">http://www.cdph.ca.gov/programs/sacb/Pages/default.aspx</a>	Ongoing		4.4.1 Report on the number and percent of children with injuries that required medical treatment. (*)
<b>Child Abuse</b>				
4.5 By June 30, 2014, Contractor will prevent suspected and substantiated child abuse and neglect. (+)  <b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b>	4.5.1 Identify and provide resources to parents that can assist them to prevent child abuse.  4.5.2 Provide support for appropriate parenting skills and refer to parenting classes, counseling, or other support resources.  4.5.3 Apply standards that can provide emotional support to the family.	Ongoing  07/01/13 & ongoing  07/01/13 & ongoing		4.5.1 Report on the number and percent of cases of suspected and reported child maltreatment <b>or</b> neglect that were referred to Child Preventive Services.  4.5.2 Report on the number and percent of families with substantiated child maltreatment cases (Substantiated refers to those children who have been legally detained or mandated to be supervised by the Dept. of Children and Family Services system.) (*)

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 4: Improve Infant and Child Health and Development**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
	4.5.4 Look for signs of child abuse and/or neglect through observation at each home visit and report all cases of suspected child abuse.	07/01/13 & ongoing	Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated <b>(*) Indicates reports that are generated from data entered into the CHVP database</b>	
<b>Child Safety</b>				
4.6 By June 30, 2014, all home visitors will provide information to parents regarding child safety, safe home environment, and prevention of child injuries. <b>(+)</b>	4.6.1 Provide education and educational materials (e.g., brochures, videos) related to child safety, safe home environment and injury prevention, tailored to child's age and developmental level.  4.6.2 Train staff on the proper administration of the Home Safety Checklist  4.6.3 Check home for safety issues and help family to address them.	07/01/13 & ongoing   07/01/13 & ongoing	4.6.1 Document information provided on child injury and safe home environment.  4.6.2 Administer the Home Safety Checklist according to CHVP requirements.	4.6.1 Report on the number and percent of women provided information on child injury and safe home environment tailored to child's age. (*)  4.6.2 Report and record outcome data on the number and percent of Home Safety Checklists administered. (*)
<b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b>				

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK**

**CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 5: Strengthen Family Functioning**

**The federally required benchmarks and constructs corresponding to Goal 5 include**

- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
  - Visits for children to the ED from all causes; Visits of mothers to the ED from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; Reported suspected maltreatment for child in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for child in the program.
- Improvements in School Readiness and Achievement
  - Parent support for children’s learning and development; Parent knowledge of child development and of their children’s developmental progress; Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child’s communication, language and emergent literacy; Child’s general cognitive skills.
- Domestic Violence
  - Screening for domestic violence; Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services; Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.
- Family Economic Self-Sufficiency
  - Household income and benefits; Employment or Education of adult members of the household; Health insurance status.

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	Outcome Measures
<b>Strengthening Families</b>				
5.1 By June 30, 2014, Contractor will support family functioning to promote positive parental behavior and the parent-child relationship by incorporating the five Protective Factors of “Strengthening Families” Framework.	5.1.1 Integrate the Strengthening Families framework and protective factors into Contractor’s internal policy manual. <ul style="list-style-type: none"> <li>• Protective Factors:</li> <li>• Parental Resilience</li> <li>• Social Connections</li> <li>• Knowledge of Parenting and Child Development, and</li> <li>• Social and Emotional Competence of Children</li> </ul> <a href="http://www.strengtheningfamilies.net">www.strengtheningfamilies.net</a> Utilize resources and training provided by Strategies for TA regarding Strengthening Families.	Ongoing	Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated (*) Indicates reports that are generated from data entered into the CHVP database	5.1.1 Report on each of the Strengthening Families Protective Factors and where they are applied and how they are measured in the model program outcomes.

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM**  
**NURSE FAMILY PARTNERSHIP (NFP)**  
**SCOPE OF WORK**  
**CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 5: Strengthen Family Functioning**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>School Readiness</b>				
5.2 By June 30, 2014, Contractor will teach parents how to increase their support of their children's learning and development and have an improved relationship with their child. (+)	5.2.1 Assist families in improving the quality of the child's home environment and the extent of stimulation available to the child and model appropriate parenting skills and refer to parenting classes and other support resources.	07/01/13 & ongoing	5.2.1 Apply the HOME Inventory as required by CHVP in the model program protocols.	5.2.1 Report the number and percent of families completing the HOME Inventory by 6 months of child's age. (*)
5.3 By June 30, 2014, Contractor will identify and support children of needs related to social, emotional, cognitive and physical development using the HOME Inventory. Ages and Stages Questionnaire Version 3 (ASQ-3) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) instruments. (+)	5.3.1 Administer CHVP-required tools related school readiness/strengthening families (see <b>Attachment D</b> for data collection time): 1. HOME Inventory 2. ASQ-3 3. ASQ-SE  5.3.2 Provide anticipatory guidance and education regarding importance of developmental screening.  5.3.3 Refer families accordingly for developmental services, occupational therapy or other appropriated services.  5.3.4 Support family by following up and obtaining services where appropriate.  • Re-screen as appropriate	07/01/13 & ongoing	5.3.1 Record scores for ASQ-3 /ASQ-SE tools used to assess school readiness/strengthening families as recommended/required by CHVP and/or in the model protocols.	5.3.1 Report on the number and percent of families completing the ASQ-3 and ASQ-SE by 6 months of child's age. (*)  5.3.2 Report on the number and percent of children identified with developmental delay.  5.3.3 Report on the number and percent of families given referrals.  5.3.4 Report on the number and percent of families with completed referrals to developmental services. (*)

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 5: Strengthen Family Functioning**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p>5.4 By June 30, 2014, Contractor will assist parents in increasing their knowledge of child development and of their child's developmental progress. (+)</p> <p><b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b></p>	<p>5.3.5 Maintain a current directory of agencies who accept referrals for children identified with all levels of developmental delay.</p> <p>5.4.1 Review ASQ-3 and ASQ-SE results with parents.  <u>Website for additional information on screening and referral:</u>  <u>Early Childhood Mental Health (ECMH)</u></p>	<p>Ongoing</p> <p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated            (*) Indicates reports that are generated from data entered into the CHVP database</p>	<p>5.4.1 Report on the number and percent of families who reviewed ASQ-3 and ASQ-SE with the home visitor.</p>

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM**  
**NURSE FAMILY PARTNERSHIP (NFP)**  
**SCOPE OF WORK**  
**CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 5: Strengthen Family Functioning**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<p><b>Domestic Violence (DV)</b></p> <p>5.5 By June 30, 2014, Contractor will increase support for women to have healthy and safe relationships. (+)</p> <p>+ <i>Indicates a Health Resources and Services Administration (HRSA) required construct.</i></p>	<p>5.5.1 Home Visitor will participate in trainings on DV awareness.</p> <p>5.5.2 Discuss with women healthy relationships, safety, and reproductive coercion.</p> <p>5.5.3 Home visitor will screen for relationship related issues and domestic violence using the Women's Experience with Battering (WEB) tool (<b>See Attachment D</b> for data collection times).</p> <p>5.5.4 The home visitor will refer women to DV services as needed (either based on screening tools, by clinical assessment, or mother's concern)</p> <p>5.5.5 If women screen positive on the WEB or the self-disclose DV, home visitor will assist women experiencing DV with the creation of a safety plan. Revisit/update the plan as needed. (For Safety Plan Guidelines/Template, please see CHVP website.)</p>	<p>07/01/13 &amp; ongoing</p>	<p>Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated (*) Indicates reports that are generated from data entered into the CHVP database</p> <p>Process Measures</p> <p>5.5.1 Submit a list of staff that attended DV awareness training.</p> <p>5.5.3 Collect on the number of women who received domestic violence screening during specified intervals required by CHVP. (*)</p> <p>5.5.4 Collect on the number of women who received at least one referral to a relevant DV service after a newly positive screen or disclosure of abuse. (*)</p> <p>5.5.5 Collect on the number of women who completed a safety plan after a newly positive screen or disclosure of abuse. (*)</p>	<p>Outcome Measures</p> <p>5.5.1 All staff has completed required training.</p> <p>5.5.3 Report on the number and percent of domestic violence screens received during specified intervals required by CHVP.</p> <p>5.5.4 Report on the number and percent of women who received at least one referral to a relevant DV service following a newly positive screen or disclosure of abuse and the number and percent that completed referral services.</p> <p>5.5.5 Report on the number and percent of women who completed a safety plan after a newly positive screen or disclosure of abuse. (*)</p>

Exhibit A-2

**MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
 NURSE FAMILY PARTNERSHIP (NFP)  
 SCOPE OF WORK  
 CONTRACT PERIOD: 07/01/13 – 06/30/14**

**Goal 5: Strengthen Family Functioning**

Measurable Objectives	Implementation of Intervention Activities	Timeline	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
<b>Employment, Education and Income</b>				
5.6 By June 30, 2014, Contractor will increase the proportion of women improving employment status or educational attainment. (+)  <b>+ Indicates a Health Resources and Services Administration (HRSA) required construct.</b>	5.6.1 Develop the resources to be used to train and assist women to develop a plan to achieve educational and employment goals; provide support in achieving goals.	07/01/13 & ongoing	5.6.1 Number and percent of women given referrals for job training, education, employment, childcare or planning and number completing such referrals.	5.6.1 Report on the number and percent of women with increased employment status or education attainment. (*)
5.7 By June 30, 2014, Contractor will develop interventions that can help move families out of poverty and increase the proportion of women with an increase in income. (+)	5.7.1 Develop resources and the means to assist women in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.	07/01/13 & ongoing		5.7.1 Report on the number and percent of women with an increase in income.

## PROGRAM OPERATIONAL REQUIREMENTS FOR NFP SITES IMPLEMENTING THE CALIFORNIA HOME VISITING PROGRAM

### PURPOSE

The California Home Visiting Program (CHVP) Local Health Jurisdiction (LHJ) sites will be referred to as “CHVP Sites” in Los Angeles County and must meet all objectives and complete each of the required intervention activities stated in their Scope of Work (SOW) in order to remain in compliance with the contract agreement. This Program Operational Requirements document outlines additional information and specifics to assist each CHVP site in completing activities, meeting objectives defined in the SOW and implementing program activities with quality and fidelity to their specific home visiting model.

The Program Operational Requirements should be considered both part of the SOW and a precursor to the forthcoming CHVP Policies and Procedures Manual to be developed by the California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) CHVP Branch responsible for the administration of the federal grant monies for the State of California. The SOW contains federally mandated requirements that must be met and CHVP goals and objectives maintained in order to maintain future CHVP funding.

### BACKGROUND INFORMATION

The delivery of home visiting services addresses the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The CDPH/MCAH CHVP Branch selected two evidence-based home visiting models for implementation in California: Nurse-Family Partnership (NFP) and Healthy Families America (HFA). Selection of these models was based on findings from the Home Visiting Evidence of Effectiveness Review (“HomVee”) Study that gave NFP and HFA the most favorable ratings for primary and secondary outcomes in the benchmark areas.

All CHVP sites are responsible for administering the CHVP with fidelity to their chosen model, as well as to the requirements stated in the SOW and the CHVP Policies and Procedures Manual. Site staff is responsible for having in-depth knowledge of all CHVP program components and manuals, such as the Policies and Procedures Manual for sites, the CHVP Standards, and NFP model, as well as the federal benchmarks and constructs. This may include any future manuals determined to be needed in the CHVP.

CHVP sites within Los Angeles will be administered by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs (LAC MCAH).

### **CHVP PROGRAM REQUIREMENTS RELATED TO THE SCOPE OF WORK**

#### **1. Site Visits and Technical Assistance**

CDPH/MCAH and/or LAC MCAH will perform formal and/or informal site visits at their discretion. All CHVP-funded sites are required to participate in CHVP site visits and allow CHVP Quality Assurance (QA) Teams to access program-related records, participant records, and observe home visiting activities.

## 2. Progress Reports

CHVP-funded sites within Los Angeles shall submit Progress Reports to the LAC MCAH for review a minimum of 2 weeks prior to the CDPH/MCAH CHVP Branch due date, and adhere to all requirements as set forth by the State's CDPH/MCAH CHVP Branch as follows:

- A. Reports not sent via the CHVP computerized system must be postmarked no later than the due dates as specified in this SOW.
- B. Progress Reports are to be prepared in accordance with the information and format provided by CHVP.
- C. Faxed Progress Reports will not be accepted for State reporting.
- D. CHVP procedures for reporting information are strictly followed and outlined in each Progress Report.
- E. Failure to submit an acceptable Final Progress Report may jeopardize future funding for the site.
- F. CHVP-funded sites must submit their site data directly to the State once review is completed by LAC MCAH.
- G. The State guidelines on required reporting include the following:
  - 1) One copy of Progress Reports in original format to CHVP via certified mail, postmarked no later than 30 days after the period ending on *Due Date*.
  - 2) Progress Reports must be submitted electronically at the due dates indicated.
  - 3) A site's failure to submit Progress Reports in a timely manner may jeopardize future funding for that site.
  - 4) CDPH/MCAH CHVP Branch reserves the right to require additional components in the Progress Reports such as:
    - a) Accomplishments;
    - b) Challenges; and/or
    - c) Plan for Improvement.
- H. The following schedule below must be followed for Progress Reports:

### SEMIANNUAL PROGRESS REPORTS

REPORTING PERIOD	FROM	TO	DUE TO LAC/MCAH	DUE TO CDPH/MCAH
1)First Report	Jul 1, 2013	Dec 31, 2013	Jan 14, 2014	Jan 31, 2014
2)Second Report	Jan 1, 2014	Jun 30, 2014	Jul 15, 2014	Jul 31, 2014

**3. Additional Reports**

- A. CHVP sites will be required to respond as necessary to all other required reports (e.g., Supervisor’s Quarterly Reports) any ad hoc and/or final reports as designated by the LAC MCAH or CDPH/MCAH.
- B. CHVP sites shall complete CHVP evaluation requirements as directed by the CDPH/MCAH CHVP Branch in accordance with prescribed form and format
- C. CHVP sites shall submit a final “Staffing Report,” (**Attachment A**) to LAC MCAH by June 30, 2013, and/or upon any change in personnel following these guidelines:
  - a) Prior approval for staffing changes that deviate from the original contract agreement should be discussed with LAC MCAH
  - b) All staffing changes that deviate from the original contract agreement must also be vetted and approved by the CDPH/MCAH CHVP Branch Statewide Nurse Liaison.
- D. The Supervisor Quarterly Reports will be completed in accordance to the following schedule:

**SUPERVISOR QUARTERLY REPORTS**

REPORTING PERIOD	FROM	TO	DUE TO LAC MCAH	DUE TO CDPH/MCAH
1) First Report	Jul 1, 2013	Sept 30, 2013	Sept 15, 2013	Oct 31, 2013
2) Second Report	Oct 1, 2013	Dec 31, 2013	Jan 14, 2014	Jan 31, 2014
3) Third Report	Jan 1, 2014	Mar 31, 2014	Apr 15, 2014	Apr 30, 2014
4) Fourth Report	Apr 1, 2014	Jun 30, 2014	Jul 15, 2014	Jul 31, 2014

**4 Media Communication**

CHVP sites will coordinate and collaborate with LAC MCAH or the CDPH/MCAH CHVP Branch in any local or statewide media/communication efforts, as directed and approved by CDPH/MCAH CHVP Branch. If media is involved in communicating the program and its implementation to the public, proposed information must be shared and approved by both the LAC MCAH and CDPH/MCAH CHVP Branch first.

**5. Communication/Transmittal Process**

**A. Transmittal Process**

A CHVP communication transmittal form (**Attachment B**) must be used by all CHVP sites to send contract related documents and/or to request LAC MACH approval for items identified in the SOW and be electronically submitted to LAC MCAH.

**B. Program Letter**

Any clarification related to the Scope of Work including this Program Operational Requirement will be communicated to the CHVP sites via a Program Letter from CDPH/MCAH CHVP Branch.

**C. Communication with the State's Nurse Liaison**

In order to establish a clear channel of communication and maintain model fidelity, CHVP-related questions must be directed to the CHVP NFP Statewide Nurse Consultant first before involving the NFP National Office or staff. The following order of communication is expected from Los Angeles sites:

- 1) CHVP site NFP Supervisors, under the direction of the LAC MCAH, may first contact the CHVP Administrative Statewide Nurse Liaison for NFP program-related questions; and
- 2) Home Visitors for the NFP model must first contact their immediate supervisors for program-related issues.

**6. Supervisor Quarterly Reports**

- A. CHVP site Supervisor for the NFP program is required to submit quarterly reports summarizing their successes, challenges, and any technical assistance needs for that period to the CHVP Statewide Nurse Liaison.
- B. Reports may be sent via email and should also be included in the Biannual Progress Report.
- C. The schedule for Supervisor Quarterly Reports has been detailed in Section 3, D of this document.

**7. Request for Adjustments**

Requests regarding adjustments in the due dates for deliverables must be submitted first to LAC MCAH in writing via transmittal process. LAC MCAH will send these requests to the CDPH/MCAH CHVP Division.

**8. Maintenance of Effort (MOE) Agreement**

- A. CHVP sites agree to abide by the MOE as defined in the Affordable Care Act Section 295 that states:

*"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."*

- B. Specific questions or proposals should be directed to the CHVP site's county counsel.
- C. Home Visiting defined by the Health Resources and Services Administration (HRSA):

*"Home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service"*

*delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.” (HRSA-10-275)*

## **9. Performance and Accountability**

- A. CHVP sites whose deliverables as outlined in the SOW are not met may receive technical assistance from LAC MCAH and the CDPH/MCAH as needed.
- B. LAC MCAH and CDPH/MCAH CHVP Branch both reserve the right to require a Corrective Action Plan from the CHVP site.
- C. CHVP sites must contact LAC MCAH to request assistance as soon as concerns regarding meeting deliverables are identified.

## **10. CHVP Program Requirements Relating to Implementation**

- A. The following actions are necessary to initiate, implement, and sustain CHVP program sites. (\*NOTE: Additional details regarding program operation will be discussed in the CHVP Policies and Procedures Manual to be released soon.)
- B. **Contract Agreements at the Local, State, and National Level**
  - 1) All CHVP sites must secure a contract agreement or affiliation with their identified national model (NFP) prior to CHVP implementation.
  - 2) Before a CHVP site approaches the national models for contract agreement, the site is required to collaborate and receive approval first from LAC MCAH.
  - 3) A copy of the most recent contract agreement or approved affiliation agreement from the NFP National Service Office (NSO), if any, must be received by the CHVP site through mail or electronic format, upon contract execution.
  - 4) Copies of any signed affiliation or contract agreements with the NSO after this contract execution must be submitted to both LAC MCAH and the CDPH/MCAH CHVP Branch within 10 days of receipt.
  - 5) CHVP sites must regularly inform the LAC MCAH regarding the status of securing affiliation from NFP NSO.
- C. **NFP Initial Implementation Requirements**
  - 1) All CHVP sites must meet the initial certification or affiliation requirements of the national program model (NFP), and be prepared to assume the capacity to house the service and manage the hiring, supervision, and payment of all personnel and ensure general fiscal stability.
  - 2) The following actions must be considered prior to initiation of services:

- a. The NFP CHVP Site Director is required to devote a minimum of 0.15 Full Time Equivalent (FTE) to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).
  - b. The NFP CHVP site may utilize the LAC MCAH and CHVP staff for consultation as needed or contact the CDPH/MCAH CHVP Branch Statewide Nursing Consultant.
- 3) NFP Staff Recruitment
- a. CHVP will require two primary staff positions consistent with the national NFP recommendation that includes: Nurse Supervisor and Public Health Nurse Home Visitor (PHN NV).
  - b. The FTE PHN HV positions are based on the number of nurses required to carry caseloads of 100 clients/families.
  - c. The FTE Nurse Supervisor is based on the ratio of one (1) NFP Supervisor to eight (8) PHN Home Visitors. For example, a CHVP NFP site with a caseload of 100 participants must have four FTE PHNs and one FTE Nurse Supervisor.
  - d. The LAC MCAH and CDPH/MCAH State Nurse Liaison reserve the right to ask for additional information or justification for any identified staffing deviations.
  - e. NFP Nurse Supervisor qualifications include the following:
    - Registered Nurse: California and license in good standing;
    - Master's degree in Nursing or closely related field ("closely related field" must be approved by the CDPH/MCAH CHVP Branch Statewide Nurse Liaison);
    - Public Health Nurse certificate; and
    - Three to five years of experience as a Public Health Nursing Supervisor.
  - f. NFP Nurse Supervisor Responsibilities include, but are not limited to:
    - Supervision commitments;
    - Reporting (directly to the LAC MCAH and CDPH/MCAH);
    - Using reflective supervision with PHN-HVs;
    - Demonstrating NFP theory integration and facilitating professional development essential to the PHN home visitation;
    - Provide clinical supervision with reflection through one-on-one clinical supervision, including weekly one-on-one meetings with PHN-HV for 1-hour duration and case conferences with the team to review cases for professional growth and problem solving twice a month for 1.5 to 2 hours duration;
    - Meetings with the team to discuss program implementation issues twice a month;
    - Field supervision with PHN-HV between 2 to 3 hours per nurse every 4 months or as needed;
    - Provide close oversight to PHN-HV when complex physical or mental health issues are identified from selected clients who are case managed;
    - Ensure that PHN-HV is assigned a caseload of no more than 25 participants;

- Provide supervision for FTE PHN-HVs. CHVP Branch prefers a ratio of one FTE supervisor to four FTE PHNs, unless exception is granted by CDPH/MCAH CHVP Branch CHVP Branch Quality Assurance team; and
  - Ensure time spent is 40 hours each week with a team of no less than four (4) NFP PHN home visitors.
- g. Quality Assurance Commitments include:
- Supporting CHVP in the activities that will lead to success in achieving and documenting the benchmarks, constructs, and operational components of the SOW;
  - Participating in a minimum of six one-to-one meetings with CHVP Statewide Nurse Consultant to evaluate the progress of CHVP and identify quality improvement activities as needed;
  - Serving as the liaison with the CHVP nurse consultants, attend meetings required by the NFP/CHVP Statewide Nurse; and
  - Writing protocols for quality assurance activities for the PHN-HV.
- h. Training Commitments
- Attend all mandatory and recommended trainings identified by LAC MCAH and/or CDPH/MCAH CHVP Branch.
- i. NFP Public Health Nurse Home Visitor (PHN-HV) Qualifications
- California Registered Nurse (R.N.) in good standing
  - Bachelor's Degree in Nursing (BSN)
  - Public Health Nurse Certificate
  - Experience in public health and cultural competency
- j. NFP PHN-HV Responsibilities include, but not limited to:
- Home visiting commitments in accordance to model schedule
  - Carrying a caseload of no less/no more than 25 families;
  - Conducting home visits integrating use of required assessment tools and refer clients to necessary resources as appropriate;
  - Providing medical case management, as defined by the NFP model, to families identified as having complex physical or mental health issues, such as pregnancy with or without complications, adolescent pregnancy, premature infants, or children with special needs;
  - Providing a summary of case physical assessment, developmental and case documentation during a reflective case conference with the supervisor;
  - Completing data with data entry an optional responsibility for this position; and
  - Attending all mandatory training and meeting commitments established by the model or the CHVP program.

- k. NFP Administrative Assistant Responsibilities include, but not limited to
  - Data entry and other administrative tasks. (The agency has the option to have their nurses enter the data, but the expectation to have 0.5 FTE support staff remains); and
  - Minimum of 0.5 FTE support staff required per 100 clients.

## 11. Other Staffing Requirements by CHVP

- A. CHVP sites must adhere to the Core Competency Requirements specified by NFP and CHVP Branch for hiring qualified staff.
- B. Applicants should demonstrate sufficient skills to meet the SOW objectives and activities.
- C. CDPH/MCAH CHVP Branch reserves the right to approve or disapprove changes in key personnel positions that occur after awards are made, and reserves the right to require the CHVP sites to reduce or eliminate any staffing position(s) in excess of the minimum required staffing pattern as identified in the model or CHVP requirements.
- D. CHVP sites shall submit their "Staffing Report," to the LAC MCAH **by June 30, 2013** for distribution to the CDPH/MCAH CHVP Branch by **July 1, 2013**, and/or upon any change in personnel. (NOTE: Prior approval from CHVP NFP Statewide Nurse Liaison is required for changes in staffing patterns that deviate from the original contract agreement.)
- E. All NFP staff must meet the Core Competency Requirements before providing services to the families, (see the Policies and Procedures Manual for CHVP sites), and any exemptions must be pre-approved by the CHVP Statewide Nurse Liaison before staff recruitment.
- F. CHVP sites will report to LAC MCAH any changes in staffing or reduction in percentage of effort (less than 100%) dedicated by staff to CHVP **within seven days of the change**, along with plans for addressing these changes.
- G. LAC MCAH will report any reduction in the percentage of effort dedicated by staff to CHVP to the CHVP Statewide Nurse Consultant directly.

## 12. Core Competency Requirements

NOTE: Additional core competency requirements for NFP positions are located in the CHVP Policies and Procedures Manual.

### A. CHVP Meetings and Training Requirements

- 1) CHVP sites are required to attend and participate in CHVP meetings, workgroups, and trainings directed by the LAC MCAH or CDPH/MCAH CHVP Branch.
- 2) CHVP sites are responsible for staff members' receiving core training on the NFP model and other CHVP required training to meet the program benchmarks. The following describes required training for NFP staff:
  - a. **NFP Training**
    - The NFP Nurse Supervisors and PHN-HV are required to attend all NFP mandatory core educational sessions for nurses (and supervisors);

- Attend the mandatory CHVP one week training; and
  - Complete self-study materials as directed by NFP.
  - Complete NFP ancillary required trainings as follows:
    - Keys to Care Giving
    - NCAST (assessment tool)
    - Ages and Stages (developmental assessment tool)
    - Home Inventory
- 3) Orientation to the CHVP is mandatory for NFP staff (e.g., assessment workers, home visitors, and supervisors) that is separate from the model's intensive role-specific training prior to directing work with families, to familiarize them with the functions of the program.
- 4) Ongoing training
- a. After year one of operation, CHVP sites are required to provide to their staff ongoing training in topics which take into account the worker's knowledge, skill base, and needs of the served communities.
  - b. LAC MCAH and the CDPH/MCAH CHVP Branch will collaborate directly with each CHVP site to determine needs and coordinate training.

**Note: For new and expansion sites, LHJ shall keep on file the proof of completion of all required core and follow-up trainings, and CHVP-required trainings of employed staff along with their curricula.**

### **13. Work Space and Equipment**

CHVP sites will provide necessary equipment and establish an optimal work space for staff who will be implementing CHVP, including appropriate telecommunication and computer equipment capabilities for staff use, access to a CHVP site Policies and Procedures Manual for easy reference and easy access to community resources or agencies either electronically or on paper.

### **14. Delivery of Home Visiting Services**

#### **A. Enrollment**

Potential participants are enrolled only if the enrollment criteria specified in the model elements are satisfied.

#### **B. CHVP Site Responsibilities during Home Visiting Implementation**

- 1) In order to implement the program with fidelity to the model, CHVP sites will share experiences learned and program improvement with other CHVP entities that are implementing the NFP model through CHVP coordinated meetings and teleconferences.
- 2) If issues or difficulties arise regarding home visiting program implementation, the LAC MCAH will be notified and responsible for contacting the CHDP/MCAH CHVP Statewide Nurse Liaison for the NFP model.

- 3) Other responsibilities include the following:
  - a. Ensuring that all staff demonstrates a level of competence in the skills related to Home Visiting including assessments, interventions, referrals and follow-up;
  - b. Involving the LAC MCAH and CHVP Statewide Nurse Liaison in the process of program implementation and accreditation;
  - c. Enabling their CHVP Home Visitor collect required data on client visits, and involving the Home Visiting Supervisor to ensure that these data are entered into the database or data system required by CHVP within 1 week of the client's visit, taking all appropriate steps to maintain client confidentiality;
  - d. Maintaining strict, HIPAA-compliant confidentiality and obtaining agreement from the CDPH/MCAH CHVP Branch, CHVP Branch before reporting CHVP home visitation data outside of their own program (this is to protect against inconsistencies in reporting coming from different sources); and
  - e. Sending copies to LAC MCAH and the CDPH/MCAH CHVP Branch of all reports submitted to NSO.

## 15 Home Visitation Guidelines

***NOTE: The CDPH/MCAH reserves the right to access all collected data and establishes CHVP ownership of CHVP uniquely- defined data content and functionality.***

- A. Ensure that each full-time PHN-HV carries a caseload of not more than 25 active families.
- B. Regularly assess and ensure that all PHN-HVs maintain the established visit schedule as possible.
- C. Monitor and review that the essential program content as described in NFP Home Visit-to-Visit Guidelines is covered with clients by Nurse Home Visitors. (Refer to NFP Policies and Procedures Manual for model visit schedule specifics.)
- D. Enforce NFP PHN staff documentation within 24 hours of visit whenever feasible.
- E. Allow access to CHVP staff to access all collected data and establish CHVP ownership of CHVP uniquely-defined data content and functionality.

### F. Client Confidentiality and HIPAA Requirements

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996, and took effect in 2003. It establishes standards for Protected Health Information (PHI) from disclosure and informs clients of how their information will be used. LHJ site must abide by stringent rules and regulations related to HIPAA. This ensures that all communication of PHI is confidential.

- 1) CHVP sites must establish and maintain appropriate administrative, technical and physical safeguards to protect the confidentiality of the data, prevent unauthorized use of or access to it and obtain any necessary written permissions or agreements for data analysis or disclosure of PHI, including from CHVP, and in accordance with HIPAA regulations including, but not limited to, authorizations, data use agreements, and business associate agreements.

- 2) Appropriate safeguards include, but are not limited to, securing and maintaining all hard copy or other records containing participant information containing PHI (such as CD-ROM, diskettes, thumb drives, etc.) in a locked file cabinet inaccessible to staff other than those directly involved in either the delivery of service to the participant, supervision of these direct service-delivery staff, or in data entry; and securing all electronic records containing participant information containing PHI in password-protected, encrypted files, with access only for staff directly involved in delivery of services to participants, supervision of these staff, or data entry.
- 3) Each CHVP site must have on file a Confidentiality Agreement signed by each staff member who has the ability to view the raw data, either by collecting the data or by viewing it after it has been recorded; these individual Confidentiality Agreements must be renewed annually.
- 4) All client-participants will sign an informed consent to have their information shared with the CDPH/MCAH for purposes of aggregated, unidentifiable public health reporting.
- 5) Failure of LHJ site to comply with any applicable provision of HIPAA will constitute a breach of agreement.

## 16. SPECIFIC REQUIREMENTS FOR COMPETITIVE GRANT RECIPIENTS

(Fresno; Los Angeles Communities; Merced; Nevada; Sacramento Communities; San Mateo; Solano; and Stanislaus)

### A. Activities Required for Competitive Grant Recipients

In collaboration with the CDPH/MCAH CHVP Branch Statewide Nurse Liaison (NFP) and Statewide Nurse Consultant (HFA) and Quality Assurance Team, and external evaluator, the following activities are required for counties that received MIECHV Competitive Expansion Grant funding:

- 1) Provide a sample of community leadership, family members, and clinicians who will participate in interviews and/or focus groups with external evaluators during first two months of client enrollment;
- 2) Assist external evaluators with scheduling of focus groups with selected community leaders, family members, and clinicians to develop appropriate measures and incorporate information deemed important for formal Site Visits; these activities are to occur during the first three months of client enrollment;
- 3) Specific designees (including community leaders, home visiting clinicians, family members, and program administrators) participate in community focus groups during the first three months of client enrollment;
- 4) Assist with organizing and scheduling site visits with key informants in collaboration with external evaluators during the first quarter of State Fiscal Year (SFY) 2013/2014;
- 5) Work with external evaluator to set up locations and schedule of participants for site visit during the first quarter of SFY 2013/2014;
- 6) Participate in site visits with Evaluation Team Site Visitors during the first quarter of SFY 2013/2014;

- 7) Receive feedback from evaluators regarding interview and site visit data before the end of second quarter for SFY 2013/2014;
- 8) Respond to survey tools for key informants during the fourth quarter for SFY 2013/2014;
- 9) Ensure that key program administrators to participate in phone interviews with external evaluators during the fourth quarter for SFY 2013/2014; and
- 10) Enter additional data (type and frequency to be announced); this activity is ongoing.

## **B. Deliverables for Competitive Grant Recipients**

The following deliverables are required from the Competitive Grant Recipients semiannually in a progress report in accordance with the due dates indicated in the Scope of Work:

- 1) List of key participants including administrators, home visiting staff, supervisors, family members, advisory board members, and local community leaders provided to external evaluators; these activities are to occur during the first three months of client enrollment;
- 2) Schedule of focus group meetings during the first quarter of SFY 2013/2014;
- 3) Establishment of dates of focus group meeting participation and roles of participants during the first quarter of SFY 2013/2014;
4. Site Visit schedule developed collaboratively with external evaluators during the first quarter of SFY 2013/2014;
- 5) Agenda for site visits, provided by external evaluators with locations and participants, during the first quarter of SFY 2013/2014;
- 6) Summary report of site visits provided by external evaluators before end of second quarter for SFY 2013/2014;
- 7) Participation in oral feedback sessions at end of site visit; receive formal written report highlighting key areas of discussion from external evaluators during quarter following site visit before end of second quarter for SFY 2013/2014;
- 8) Email of links to survey tools or mailing through U.S. Postal Service of hard copy of survey; transmission of completed tools to external evaluators during the fourth quarter for SFY 2013/2014;
- 9) Dates of scheduled interviews in annual reports during the third quarter for SFY 2013/2014; and
- 10) Entry of additional data; this activity is ongoing.

## **C. QUALITY IMPROVEMENT FOR ALL HOME VISITING NFP SITES**

Efforts to improve home visiting outcomes for home visiting sites are required through effective collaboration with the LAC MCAH, model program consultant and State QA teams. CHVP requires the following activities to facilitate and establish a high quality CHVP:

- 1) Communicate Continuous Quality Improvement (“CQI”) Program initiatives to LAC MCAH;

- 2) Participate in LAC MCAH and CDPH/MCAH CHVP Branch CHVP workgroups/committees;
- 3) Collect consistent and accurate data for home visiting activities;
- 4) Maintain detailed supervisory guidelines and expectations;
- 5) Promote measures to improve the process of identifying and enrolling participants who reflect the NFP model and the target population;
- 6) Actively participate on the CAB ("LAC Home Visitation Consortium) with diverse representation to ensure broad-based community support for implementation of CHVP;
- 7) Participate in periodic assessment by NFP model to ensure fidelity to the specific Home Visiting Program model;
- 8) Involve the CDPH/MCAH Statewide Nurse Liaison in strengthening fidelity to the model for improved results;
- 9) Periodically review and update CHVP site-specific Policies and Procedures Manual to improve home visiting interventions, documentation, and data collection; (The CDPH/MCAH CHVP reserves the right to review LHJ site's Policies and Procedures Manual and approve changes.);
- 10) Ensure staff is trained in accordance with NFP model requirements, in addition to CHVP training requirements;
- 11) Adhere to the program components and requirements for the model, including CHVP protocols; and
- 12) Consistently deliver home visiting services to families enrolled in services.

#### **D. Client Support Materials**

CHVP sites that create new educational materials uniquely different from HFA educational materials, such as, pamphlets, brochures or other client support materials, must submit a draft copy to LAC MCAH for approval. Distinctively developed materials for CHVP should display only the CHVP logo.

Materials development using funds provided by the CDPH/MCAH CHVP Branch must acknowledge this support with a written statement/credit printed on the materials. This statement/credit must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH allocation. The written statement/credit should include:

- A statement identifying funding support on the title page of public reports or publications
- A statement identifying funding support on the first page of any journal articles

For example – This project was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division/CHVP.

**SCHEDULE 3**

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM  
NURSE-FAMILY PARTNERSHIP (NFP)**

	<u>Budget Period</u>
	July 1, 2013 through <u>June 30, 2014</u>
Full-Time Salaries	\$515,133
Employee Benefits @ 28.41%	<u>146,349</u>
Total Full-Time Salaries and Employee Benefits	\$661,482
Part-Time Salaries	\$ -0-
Employee Benefits	<u>\$ -0-</u>
Total Part-Time Salaries and Employee Benefits	\$ -0-
Total Salaries and Employee Benefits	\$661,482
Operating Expenses	\$210,210
Equipment	\$ 35,000
Rent	\$ 39,327
Subcontracts	\$ 41,601
Indirect Cost @ 10% of Salaries	<u>\$ 51,513</u>
TOTAL PROGRAM BUDGET	*\$1,039,133

\*Maximum Obligation is comprised of federal Title V Funds.

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Public Health Director or his designee. Funds shall only be utilized for eligible program expenses.